FORM - C

APPLICATION FOR RESUMPTION OF CERTIFICATE OF PRACTICE

(See Rule 28.2 of B. C. I. Certificate and Place of Practice (Verification) Rules, 2015)

To,	
The Secretary,	Passport Size
Bar Council of	Photograph of the Advocate
Sub. : Application for resumption of Certificate of Prac	tice (/)
Sir,	
I hereby apply to the(name of to certificate of practice.	he State Bar Council) for issuance
My full particulars are as follows:-	
1. Enrolment number on the Roll :	
2. Date of Enrolment:	
3. Name of the Advocate :	
4. Father's Name:	
5. Present Residential Address:	
6. Name of Institution & University from where advocate has	done his
i. Graduation year	
ii. LL.B year	
7. Office Address with Telephone No	
Mobile No. / Email / Website	
8. Place of Practice :	

	(As given in the Application Form for enrolment):
9. F	Present Place of Practice:
10.	Date of Birth :
11.	That in the changed circumstances, I intend to resume law practice.
11.	That after enrolment I have not suffered and incurred any disqualification s mentioned in Section 24-A of the Advocates Act.
12.	Particulars of the Certificate of Practice issued to the application if any :-
	a. Whether issued under AIBE Rules, if so, its number and date
	b. Whether issued by the State Bar Council under these rules, if so, its number and date (self attested photo copies of the certificate of practice to be annexed with this application)
13.	c. Particualrs of the notification, whereby the applicant was put in the list of "Non-Practicing Advocate"
14.	Whether the applicant after enrolment, has joined any business, as a full partner/ sleeping partner, if so, full particulars be supplied, with an attested copy of business instrument like Partnership deed, MOU, Agreements etc.
15.	Whether the applicant, after enrolment has incurred any disqualification as mentioned in Section 24-A of the Act, if so, certified copy of judgment / order be attached:
16.	Whether applicant, at present, is facing any disciplinary proceedings/ convicted in any Criminal proceedings or not, if so, particulars be given:
17.	Delay, if any, in submitting the application form, reasons to be given:

18.	Verification fee/ Late fee/	Penalty Rs			by	way	of Den	nand D	raft
	No	Date		/	Accou	nt	Payee	Che	que
	No	dated				or	Cash	Paid	to
			.on						
18.	Place where the Advocate i	intends to c	ast his vote						
	i. In Bar Council Elections					/			
	ii. In Bar Association Election	ons					•••		
	Name of the Bar Association	on							
	Place						9		
	(This clause shall not appl Association)	y to advoca	te who does no	t inte	nd to be	e a m	nember	of any	Bar
19. Any other information, applicant wants to submit about his distinctions. I verification/particulars furnished by me are true and correct to the best of my kand nothing has been kept concealed therein. I bona-fide intend to resume Law p									
	Date :					Sign	ature o	f the	
						Adv	ocate		