

Declaration Form to be submitted by  
the Advocates enrolled after July, 2010

Passport size  
Photograph  
of Advocate

1. Name \_\_\_\_\_
  2. Father's Name \_\_\_\_\_
  3. Present Address \_\_\_\_\_  
\_\_\_\_\_
  4. Enrolment Number and Date \_\_\_\_\_
  5. Place of Practice \_\_\_\_\_
  6. When did you pass your AIBE? \_\_\_\_\_  
AIBE No. \_\_\_\_\_ (attach the copy of CoP)
  7. Name of Bar Association/Place where you want to cast your vote in the election of  
Bar Association \_\_\_\_\_
  8. Place where you intend to cast your vote in the elections of State Bar Council  
\_\_\_\_\_
  9. Whether, after getting enrolled you are in practice or have joined some job,  
business, etc. (give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Moblie No.....
- Email.Id.....

To be continued.....



10. If you have not passed the AIBE within two years of your enrolment, whether you have left practice and informed your Bar Association and State Bar Council? (give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Details of qualification

Sl. No.	Name of the Board/University	Roll No.	Year of Passing
A.	Secondary Exam		
B.	Senior Secondary/ Intermediate (+2)		
C.	Graduation		
D.	LL.B.		

I do hereby declare that all the informations given above are true and correct. If any of the informations are found to be false, then I will be liable to be prosecuted under the Criminal Law.

Recommended By

Signature of Candidate

Signature of President/Secretary/Office-bearer  
Of the Association  
(or the Authorised signatory of B. C. I.)  
Seal of Bar Association

Date:

Note: One extra photograph to be attached also.