

ODISHA STATE BAR COUNCIL
APPLICATION FOR CHANGE OF NOMINEE

To,

The Secretary,
Odisha State Bar Council,
Cuttack.

Name of Applicant :

OSBC En. No & Date :

Address & Contact No. :

Place of Practice :

Present Nominee & Relation :

Proposed Nominee & Relation :

Reason of Change :

Documents Enclosed:

1. Original Certificate of Membership issued by the Odisha State Bar Council (will be returned after correction)
2. A Certificate of Practice issued by concerned Bar President/Secretary or any Bar Council Member (applicable till issuance of COP by the Council under the provision of Certificate and Place of Practice (Verification) Rules, 2015. Thereafter, true copy of COP issued by Council attested by Bar President/Secretary of any Bar Council Member to appended.
3. True copy of ID Card issued by Council or Proof of Identity attested by Bar President/Secretary of any Bar Council Member.
4. Money Receipt showing deposit or prescribed Fee.

Date:

Full Signature of the Applicant

AFFIDAVIT

I, _____, son/daughter/wife of _____,
aged _____ years, resident of _____, Post _____, PS _____,
Dist. _____, do hereby solemnly affirm and state as follows:

1. That I have made this application and the facts stated here above are all true to the best of my knowledge and that I have not suppressed or misled any material fact. Contents of the affidavit are all true in my knowledge

Identified by

Deponent

(Name & Signature of Advocate)