

FORM - A & Form - F

APPLICATION FOR ISSUANCE OF CERTIFICATE OF PRACTICE

(for Advocates & Advocate on Records)

[See Rule 8.3 of the B. C.I. Certificate and place of practice (Verification) Rules, 2015]

To,

The Secretary,
Bar Council of -----

| |
|---|
| Passport size photograph of Advocate |
|---|

Subject: - Application for issuance of Certificate of Practice (/-----/-----)

Sir,

I hereby apply to the ----- (name of the State Bar Council)
for issuance of certificate of practice.

My full particulars are as follows:-

1. Enrolment number on the Roll : -----
2. Date of Enrolment: -----
3. Name of the Advocate : -----
(As given in the Enrolment Certificate):
4. Father's Name: -----
5. Present Residential Address: -----

6. Name of Institution & University from where advocate has done his
 - i. Matriculation / 10th -----Name of School/ Board/ year of passing.
 - ii. Graduation ----- Name of College/University /year of passing.
 - iii. LL. B----- Name of College/University /year of passing.

7. Office Address with Telephone No. _____

- Mobile No./email/Website _____

8. Place of Practice _____
(As given in the Application form for enrolment)
9. Present Place of Practice _____
10. Date of Birth _____
11. Name of Bar Association of which applicant is a member _____

12. Whether the applicant, after enrolment, has joined any Government/Semi-Government or Private Service or any other kind of service, if so full particulars be furnished with date of joining of such services _____

13. 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. _____

14. Whether the applicant, after enrolment has incurred any disqualification as mentioned in Section 24-A of the Act, if so, certified copy of judgment/other be attached
15. Whether applicant, at present, is facing any disciplinary or criminal or contempt proceedings/convicted in any Criminal or other Proceedings or not, if so, full particulars be given. _____

16. Delay, if any, in submitting the application form, reasons to be given _____

17. Process fee/Late fee/Penalty
- ₹ _____ by way of Demand Draft No. _____
Date _____ / Account Payee Cheque No. _____
Dated _____ or Cash.
Paid to _____ on _____.

18. Place where the Advocate intends to cast his vote

i. In Bar Council Elections _____

ii. In Bar Association Elections _____

Name of the Bar Association _____

Place _____

19. Any other information, applicant wants to submit about his distinctions.

20. If the Advocate is not a member of any Bar Association (registered and recognized by the concerned State Bar Council), the reason for not being a Member of Bar Association _____

20.a. Whether the Advocate intends to become the Member of Bar Association in Future.
(Put a "X" Mark)

Yes

No

I verify that the information/particulars furnished by me are true and correct to the best of my knowledge and nothing has been kept concealed therein.

I am also submitting herewith Column-II and III of this Form "A".

Date:

**Full Signature of the
Advocate**

Note: - One additional passport size photograph is attached/sent herewith.

Form – A

Column – II

[See Rule 8.4 (ii) of B. C. I. Certificate and Place of Practice (Verification) Rules, 2015]

I _____ aged _____
son of _____ resident of _____

_____ enrolled as a
advocate on the roll of _____
(name of the State Bar Council) vide certificate of enrolment dated and No. _____
do hereby solemnly
affirm and declare as follows: -

1. That after having obtained Certificate of enrolment from the _____
_____ (name of the Bar
Council) under Section 22 of the Advocates Act, I have not left practice in law.
2. That I usually practice at _____ and I intend to
cast my vote
 - i. In the elections of the State Bar Council at _____
 - ii. In the elections of Bar Association _____
(Name and Place of Bar Association)

(This clause 2(ii) shall not apply to those advocates who do not intend to be the
members of any Bar Association)

3. That since my enrolment as an advocate, I have not switched over to any other
profession/services/business and that thereafter, I am doing practice in law.

Date:

**Full Signature of the
Declarant-Advocate**

FORM - A

Column - III (Certification)

[See Rule 8.4 (iv) of the B. C. I. Certificate and place of Practice (Verification) Rules, 2015]

Certificate

This is to certify that Shri/ Mr/ Mrs/ Ms.-----Advocate S/o, W/o, D/o -----is a bone-fide member of the Bar practicing usually at -----(name of the Bar Association, if any) and he / she has been practicing law since joining this Bar from the year -----and has not left such practice and I further certify that the particulars disclosed by him/ her in the accompanying application are correct to my knowledge and belief.

Date: -

Full signature with name of
Authorized Member /
Ex- Member of State -----

full signature with name
President / Secretary
Bar Association
(Seal)

N. B. – In this certification the declaration should contain/ attach the certified copies of at least 5 Vakalatnamas or any other document/ cause list establishing that the advocate has been in practice for last 5 years.

N.B.- If the Advocate is attached with (Registered some law or Solicitor firm, he shall furnish a certificate to that effect from the Authorized Officer of concerned Firm showing details as to for what period Candidate/ Advocate has served the firm and nature of his details.

If the lawyer is a conveyancing lawyer he shall furnish 5 (five) such documents of last 3 years to support his claim that he is in conveyancing practice lawyer.

(Form - B)
(for use of office only)

Bar Council of _____

Certificate of Practice
[issued under B. C. I. Certificate and Place of Practice
(Verification) Rules, 2015]

Scanned
Photograph
of Advocate
with the seal
of Bar
Council

C. O. P. No. _____ of _____

This is to certify that Shri/Mr./Mrs./Ms. _____
_____ S/o, W/o, D/o _____

R/o _____ PS _____

dated _____ is an advocate enrolled in the Bar Council of
_____ His enrolment number is _____
dated _____ and his normal place of practice is _____.

He is entitled to cast his vote for the election of Bar Council of _____ at
_____ (Place) and in the elections of Bar Association of _____
_____ (name & place of Bar Association, if applicable).

This certificate of practice is valid for a period of 5 years from the date of its issuance.

Date:

Chairman/Vice-Chairman
Authorized Signatory
(Seal of the State Bar Council)
(Full Signature)

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,
Bar Council of _____

Sub.: Application for resumption of Certificate of Practice (____/____/____)

Sir,

I hereby apply to the _____ (name of the State Bar Council) for resumption of certificate of practice.

My full particulars are as follows: -

1. Enrolment Number on the Roll _____
 2. Date of Enrolment _____
 3. Name of the Advocate _____
(As given in the Enrolment Certificate)
 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. Present Place of Practice _____
10. Date of Birth _____
- 11.1. That in the changed circumstances, I intend to resume law practice
- 11.2. 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) _____

- c. Particulars of the notification, whereby the applicant was put in the list of "Non-Practicing Advocate" _____

13. Whether the applicant after enrolment, has joined any Government/Semi-Government or Private Service or any other kind of service, if so full particulars be furnished with date of joining of such services _____

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/other 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, in submitting the application form, reasons to be given _____

18. Verification fee/Late fee/Penalty

₹ _____ by way of Demand Draft No. _____
Date _____ / Account Payee Cheque No. _____
Dated _____ or Cash ₹ _____

19. Any other information, applicant wants to submit about his distinctions

20. Place where Advocate intends to cast his vote in the elections of Bar Council
_____.

21. Place/Name of Bar Association (if any) where the advocate intends to cast his vote
_____.

I verify that the information/particulars furnished by me are true and correct to the best of my knowledge and nothing has been kept concealed therein. I bona-fide intend to resume Law practice.

Date:

**Signature of the
Advocate**

Form – D

Bar Council of _____

Photograph
of Advocate

Identity Card

I. Card No. _____

1. Name _____
2. Father's Name _____
3. Enrolment No., Year & date _____
4. Address _____

Email ID _____
Telephone/Mobile No. _____
5. Normal Place of Practice _____
6. Date of expiry of I-Card _____
7. Place where Advocate is entitled to vote in elections of State Bar Council

8. Place/name of Bar Association (if any) where Advocate is entitled to vote in election
of Bar Association _____

Date:

**Chairman/Vice-Chairman
Authorized Signatory
(Seal of the State Bar Council)
(Full Signature)**

FORM E

FOR SENIOR ADVOCATES

(See Rule 5(a) of the Bar Council of India Certificate and Place of Practice (Verification), Rules 2015)

To,

The Secretary,
Bar Council of -----

Passport size
photograph of
Advocate

Name: _____

Father's Name _____

Enrolment No. and Date _____

Email Id: _____

Place where the Sr. Advocate to cast his vote in the elections of State Bar
Council: _____

Name/Place of Bar Association where the Senior Advocate casts his
vote: _____

Signature
Designation & Seal of the authorized signatory
of Bar Association

Signature of Senior Advocate

Date: _____