

APPLICATION FOR ISSUING DUPLICATE IDENTITY CARD

Name of the Advocate (As in Enrolment Certificate) : _____

Address:

Place of Practice: _____

Date of Birth: Date_____Month_____Year_____

Enroll No: AP/ /

Enrolled On (Date):_____

Contact No: Mobile_____Landline_____

Signature of the Applicant

(Along with form you have to pay an amount of Rs. 150/- by way of Cash / DD (infavour of Bar Council of Andhra Pradesh payable at Hyderabad) to the Bar Council.

Note: Any change in place of practice and address be mentioned.

(For Change of Address you have to pay an amount of Rs. 100/- by way of Cash / DD (infavour of Bar Council of Andhra Pradesh payable at Hyderabad) to the Bar Council.)