

FORM – A

Column - I

APPLICATION FOR RESUMPTION OF CERTIFICATE OF PRACTICE

[Sec Rule 28.2 of the Bar Council of India Certificate of Practice (Verification) Rules, 2015]

To,

The Secretary,
Bar Council of Andhra Pradesh,
Ground Floor, High Court Buildings,
Nelapadu,
AMARAVATI - 522 239

* Attested
passport size
photograph of
the advocate
in robes

*(Attestation by President/Secretary of Association)
with Seal*

Madam,

Sub : Application for resumption of Certificate of Practice (AP/_____ / _____)

I hereby apply to the State Bar Council of Andhra Pradesh for issuance of Certificate of Practice

My full particulars are as follows:-

1.	Enrollment Number on the Rolls of Bar Council of A.P.	AP/	
2.	Date of Enrollment		
3.	Name of the Advocate (As given in the Enrolment Certificate)		
4.	Father's Name		
5.	Present Residential Address		
6.	Name of Institution and University from where advocate has done his i) Matriculation / 10 th Std.	Name of the School / Board	Year of passing
	ii) Graduation	Name of College / University	Year of passing
	iii) B.L / LL.B. Degree	Name of College / University	Year of passing

7.	Office Address with Telephone No.		
		Mobile No.	
		WhatsApp No.	
		E-Mail	
	Website		
8.	Place of Practice (as given in the Application form for Enrolment)		
9.	Present Place of Practice		
10.	Date of Birth (dd/mm/yyyy)		
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 disqualifications mentioned in Section 24-A of the Advocates Act.		
12.	Particulars of the Certificate of Practice issued to the applicant 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-Practising Advocate"		
13.	Whether the applicant after enrollment has joined any Government / Semi-Govt. 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 enrollment 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 enrollment 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, full particulars be given		
17.	Delay , if any, in submitting the application form, reasons to be given		
18.	Verification Fee/ Late Fee/ Penalty Rs.2,000 /- (Fee through Challan from any SBI Branch)	SBI Challan Date	Branch Name

19.	Place where the advocate intends to cast his vote	Name of Bar Association and place
	i) For Bar Council Election	
	ii) For Bar Association Election	
	(This clause shall not apply to advocate who does not intend to be a Member of any Bar Association)	
20.	Any other information, applicant wants to submit about his distinctions	

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 – A

Column – II (Declaration)

[Sec Rule 8.4 (ii) of Bar Council of India Certificate and Place of Practice
(Verification) Rules, 2015]

I, _____

Son /daughter / wife of _____ aged about _____ years

Resident of _____

Enrolled as an advocate on the rolls of the **Bar Council of Andhra Pradesh** vide certificate
of enrollment dated _____ and enrolment No. AP/ _____ / _____

do hereby solemnly affirm and declare as follows.

1. That after having obtained Certificate of enrolment from the Bar Council of Andhra Pradesh under Section 22 of the Advocates Act, I have not left practice in law.
2. That I usually practice _____ 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)
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)

*[Sec Rule 8.4 (iv) of Bar Council of India Certificate and Place of Practice
(Verification) Rules, 2015]*

C E R T I F I C A T E

This is to certify that Shri / Mr. / Mrs. / Ms. _____

Advocate, S/o, D/o, W/o _____
is a bonafide member of the Bar practicing usually at _____
(name of the Bar Association) 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
Bar Council of State of Andhra
Pradesh**

**Full signature with name
President / Secretary,
Bar Association
with Seal**

NOTE :

1. The president / Secretary of the Bar Associations are requested to Certify only the Practising Advocates.
2. If the certification is made by any authorized member, State Bar Council or Bar Council of India, then the declaration should contain / attach the certified copies of at least 5 Vakalatnamas / 5 memos of appearance or any other document/cause list establishing that the advocate has been in practice for last 5 years.

If such proof is not furnished, then the Administrative Committee shall consider the reason (if any) thereof and can pass orders to take an undertaking or affidavit from the Advocate, only after furnishing the affidavit asked by the Administrative Committee of State Bar Council, the application for verification shall be entertained and C.O.P. (Form – B) would be granted.

BAR COUNCIL OF THE STATE OF ANDHRA PRADESH :: AMARAVATHI

E-Mail:- info.apbarcouncil@gmail.com

Bar Council of India Certificate and Place of Practice (Verification) Rules, 2015

CHECK LIST

Documents to be attached :-

- 1) Form – A – Column – I
- 2) Form – A – Column – II
- 3) Form – A – Column – III
- 4) Enrolment Certificate (Photo copy)
- 5) S.S.C. Certificate (Photo copy)
- 6) Intermediate for 5 years Law Course (Photo copy)
- 7) Degree Certificate (Photo copy)
- 8) Law Degree / Provisional Certificate (Photo copy)
- 9) One additional passport size photograph in robes
- 10) State Bank of India Payment Challan
- 11) Letter addressing to Secretary, for Resumption of Practice

Additional Documents :-

- 1) Five vakalatnamas / memo of appearance / cause list / judgment or order copies to establish that he / she is a practicing for the past five years in case certificate is obtained from Member, Bar Council of A.P.
- 2) If he / she is attached with Registered law or Solicitor Firm, he/she 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 / her details.

BANKER'S COPY

Credit Voucher
(Accepted at all SBI Branches)
Date: _____

ENROLMENT NO.: AP/_____/_____
STATE BANK OF INDIA
A.P.HIGH COURT BRANCH, AMARAVATI

S.B.A/c No. 38442089871

Notes			
X 2000			
X 500			
X 100			
X 50			
X 20			
X 10			
X 5			

Bank Reference No. _____

Name & Address of the Applicant _____

Paid into the credit of Bar Council of Andhra Pradesh Certificate of Practice

Rs.2000/- (Rupees Two Thousand Only)

Note: Please Enter Enrolment No. & Name in Narration While Accepting Cash or Fund Transfer At Bank

(Authorized Signature of Bank)

Mobile No: _____

Signature of the Applicant



BAR COUNCIL'S COPY

Credit Voucher
(Accepted at all SBI Branches)
Date: _____

ENROLMENT NO.: AP/_____/_____
STATE BANK OF INDIA
A.P.HIGH COURT BRANCH, AMARAVATI

S.B.A/c No. 38442089871

Bank Reference No. _____

Name & Address of the Applicant _____

Paid into the credit of Bar Council of Andhra Pradesh Certificate of Practice

Rs.2000/- (Rupees Two Thousand Only)

(Authorized Signature of Bank)

Mobile No: _____

Signature of the Applicant



TO BE ATTACHED TO APPLICATION

Credit Voucher
(Accepted at all SBI Branches)
Date: _____

ENROLMENT NO.: AP/_____/_____
STATE BANK OF INDIA
A.P.HIGH COURT BRANCH, AMARAVATI

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Signature of the Applicant



APPLICANT COPY

Credit Voucher
(Accepted at all SBI Branches)
Date: _____

ENROLMENT NO.: AP/_____/_____
STATE BANK OF INDIA
A.P.HIGH COURT BRANCH, AMARAVATI

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Signature of the Applicant