

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

Passport size
Photograph of
Advocate

1. Name: _____
(in capital letters)
2. Father's Name: _____
3. Present Address: _____

4. Enrolment Number and Date: _____
5. Place of Practice: _____
6. When did you pass AIBE? Year _____
AIBE No. _____ (Attach the copy of Result sheet)
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) _____

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

SI.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 information given above are true and correct. If any of the information is 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
Seal of Bar Association
(or the Authorised signatory of B.C.I.)

Date :

Note : One extra photograph to be attached .