

**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 <sup>th</sup> 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  <b>Rs.2,000 /-</b>  ( 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**

# BAR COUNCIL OF THE STATE OF ANDHRA PRADESH :: AMARAVATHI

E-Mail:- [info.apbarcouncil@gmail.com](mailto: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 :-

- i. The advocates have to file Certified copies of atleast 5 Vakalatnamas / Memos of Appearance / Proof of drafting / Deeds in non-litigious work, establishing five years of active practice i.e. from the year 2020 to 2024.  
**OR**
  - ii. Copies of case status from E-Courts Website or Cause list, reflecting the name of the Advocate.  
**OR**
  - iii. Judgment copies / Order copies, reflecting the name of the Advocate.
- II. For Advocates associated with law firms, a certificate from the authorized personnel of the firm detailing the period of service and nature of work.
  - III. For conveyancing lawyers, submission of five documents from the last three years supporting the claim of being a conveyancing practice lawyer.

**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

Mobile No: \_\_\_\_\_

Signature of the Applicant

(Authorized Signature of Bank)



**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 \_\_\_\_\_

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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

S.B.A/c No. 38442089871

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(Authorized Signature of Bank)

Mobile No: \_\_\_\_\_

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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