

FORM – A

Column - I

APPLICATION FOR VERIFICATION OF CERTIFICATE OF PRACTICE

[Under Rule 9 of Bar Council of India Certificate & Place 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 "Verification of Certificate of Practice".

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/	
	COP Number	COP / / 2020	
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 and University from where advocate has done his	Name of the School / Board	Year of passing
	i) Matriculation / 10 th Std.		
	ii) Intermediate / + 2		
	iii) Graduation	Name of College / University	Year of passing
	iv) 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.	Name of Bar Association of which applicant is a member		
12.	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		
13.	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.		
14.	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.		
15.	Whether applicant, at present, is facing any disciplinary proceedings / convicted in any Criminal 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 Rs.500 /- (Fee through Challan from any SBI Branch)	SBI Challan Date	Branch Name
18.	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		

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	

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'

Place :

Date :

Full Signature of Advocate

FORM – A

Column – II (Declaration)

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)

CERTIFICATE

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 the State of
Andhra Pradesh**

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

FORM – A

Documents to be attached :-

- 1) Form “A” Column – I to III**
- 2) Copy of Enrolment Certificate**
- 3) Copy of COP issued by Bar Council of Andhra Pradesh**
- 4) One additional passport size photograph in Robes**
- 5) State Bank of India Payment Challan**

Additional Documents :-

I.

- 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)

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

S.B.A/c No. 38442089871

Date: _____

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 the State of Andhra Pradesh

Rs. 750- / (Rupees Seven Hundred Fifty 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



BARCOUNCIL'S COPY

Credit Voucher
(Accepted at all SBI Branches)

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

S.B.A/c No. 38442089871

Date: _____

Bank Reference No. _____

Name & Address of the Applicant _____

Paid into the credit of Bar Council of the State of Andhra Pradesh

Rs. 750- / (Rupees Seven Hundred Fifty Only)

(Authorized signature of Bank)

Mobile No: _____

Signature of the Applicant



TO BE ATTACHED TO APPLICATION

Credit Voucher
(Accepted at all SBI Branches)

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

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Rs. 750- / (Rupees Seven Hundred Fifty Only)

(Authorized signature of Bank)

Mobile No: _____

Signature of the Applicant



APPLICANT'S COPY

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(Accepted at all SBI Branches)

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STATE BANK OF INDIA
A.P.HIGH COURT BRANCH, AMARAVATHI

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Signature of the Applicant