FORM – A & Form - F

APPLICATION FOR ISSUANCE OF CERTIFICATE OF PRACTICE

(for Advocates & Advocate on Records)

[See Rule 8.3 of the B. C.I. Certificate and place of practice (Verification) Rules, 2015]

To,

The Secretary,
Bar Council of ---------

Passport size photograph of Advocate

Subject: - Application for issuance of Certificate of Practice (/----------/----------)

Sir,

I hereby apply to the ---------- (name of the State Bar Council) for issuance of certificate of practice.

My full particulars are as follows:-

1. Enrolment number on the Roll : ----------
2. Date of Enrolment: ----------
3. Name of the Advocate : ----------
   (As given in the Enrolment Certificate):
4. Father's Name· ----------
5. Present Residential Address: ----------

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6. Name of Institution & University from where advocate has done his
   i. Matriculation / 10th ----------Name of School/ Board/ year of passing.
   ii. Graduation ---------- Name of College/University /year of passing.
   iii. LL. B---------- Name of College/University /year of passing.

7. Office Address with Telephone No. _____

Mobile No./email/Website _____

8. Place of Practice _____
(As given in the Application form for enrolment)

9. Present Place of Practice _____

10. Date of Birth _____

11. Name of Bar Association of which applicant is a member _____

12. Whether the applicant, after enrolment, has joined any Government/Semi-Government 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 enrolment, 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 enrolment has incurred any disqualification as mentioned in Section 24-A of the Act, if so, certified copy of judgment/other be attached

15. Whether applicant, at present, is facing any disciplinary or criminal or contempt proceedings/convicted in any Criminal or other 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/Late fee/Penalty

₹ _____ by way of Demand Draft No._____
Date_____/ Account Payee Cheque No. _____
Dated _____ or Cash.
Paid to _____ on_____.

18. Place where the Advocate intends to cast his vote

i. In Bar Council Elections _____

ii. In Bar Association Elections _____

Name of the Bar Association _____

Place _____

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 _____

_____

_____

20.a. Whether the Advocate intends to become the Member of Bar Association in Future. (Put a "X" Mark)

Yes ☐ No ☐

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".

Date:

Full Signature of the Advocate

Note: - One additional passport size photograph is attached/sent herewith.

Form – A

Column – II

[See Rule 8.4 (ii) of B. C. I. Certificate and Place of Practice (Verification) Rules, 2015]

I _____ son of _____ aged _____ resident of _____ advocate on the roll of _____ enrolled as a (name of the State Bar Council) vide certificate of enrolment dated and No._____ do hereby solemnly affirm and declare as follows: -

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

2. That I usually practice at _____ 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)

   (This clause 2(ii) shall not apply to those advocates who do not intend to be the members of any 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)

[See Rule 8.4 (iv) of the B. C. I. Certificate and place of Practice (Verification)Rules, 2015]

Certificate

This is to certificate that Shri/ Mr/ Mrs/ Ms.----------Advocate S/o, W/o, D/o ----------is a bone-fide member of the Bar practicing usually at ----------(name of the Bar Association, if any) 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 /
Ex- Member of State ----------

full signature with name
President / Secretary
Bar Association
(Seal)

N. B. – In this certification the declaration should contain/ attach the certified copies of at least 5 Vakalatnamas or any other document/ cause list establishing that the advocate has been in practice for last 5 years.

N.B.- If the Advocate is attached with (Registered some law or Solicitor firm, he 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 details.

If the lawyer is a conveyancing lawyer he shall furnish 5 (five) such documents of last 3 years to support his claim that he is in conveyancing practice lawyer.

Form – B
(for use of office only)

Scanned Photograph of Advocate with the seal of Bar Council

Bar Council of _____

Certificate of Practice
[issued under B. C. I. Certificate and Place of Practice (Verification) Rules, 2015]

C. O. P. No._____ of _____

This is to certify that Shri/Mr./Mrs./Ms. _____ _____ S/o, W/o, D/o _____ R/o _____ _____ PS _____ dated _____ is an advocate enrolled in the Bar Council of _____. His enrolment number is _____ dated _____ and his normal place of practice is _____.

He is entitled to cast his vote for the election of Bar Council of _____ at _____ (Place) and in the elections of Bar Association of _____ _____ (name & place of Bar Association, if applicable).

This certificate of practice is valid for a period of 5 years from the date of its issuance.

Date:

Chairman/Vice-Chairman
Authorized Signatory
(Seal of the State Bar Council)
(Full Signature)

Form – D

Photograph of Advocate

Bar Council of _____

Identity Card

I. Card No._____

1. Name _____
2. Father's Name _____
3. Enrolment No., Year & date _____
4. Address _____
   _____
   Email ID _____
   Telephone/Mobile No. _____
5. Normal Place of Practice _____
6. Date of expiry of I-Card _____
7. Place where Advocate is entitled to vote in elections of State Bar Council _____
8. Place/name of Bar Association (if any) where Advocate is entitled to vote in election of Bar Association _____.

Date:

Chairman/Vice-Chairman
Authorized Signatory
(Seal of the State Bar Council)
(Full Signature)

Bar Council Of Uttarakhand, Nainital-263001 Office Copy	Bar Council Of Uttarakhand, Nainital-263001 Applicant Copy	Bar Council Of Uttarakhand, Nainital-263001 Bank Copy
Bar Council Of Uttarakhand Practice Fund Account A/c No :- 34547655839 Amount :- Rs. 500 Amount In Words - Five Hundred Only	Bar Council Of Uttarakhand Practice Fund Account A/c No :- 34547655839 Amount :- Rs. 500 Amount In Words - Five Hundred Only	Bar Council Of Uttarakhand Practice Fund Account A/c No :- 34547655839 Amount :- Rs. 500 Amount In Words - Five Hundred Only
Total Amount Of Fee Rs.	Total Amount Of Fee Rs.	Total Amount Of Fee Rs. .....
Date of Fee Deposition:- Name of the applicant- BCUK Registration No. Fathers Name- Address- Contact No.	Date of Fee Deposition:- Name of the applicant- BCUK Registration No. Fathers Name- Address- Contact No.	Date of Fee Deposition:- Name of the applicant- BCUK Registration No. Fathers Name- Address- Contact No.
To be filled by the Bank Bank Name & Branch Branch Code Deposit Date- Stamp Authorised Signatory	To be filled by the Bank Bank Name & Branch Branch Code Deposit Date- Stamp Authorised Signatory	To be filled by the Bank Bank Name & Branch Branch Code Deposit Date- Stamp Authorised Signatory
Journal No.	Journal No.	Journal No.