

Declaration Form

**to be submitted by
the Advocates whose
practice is below five years**

Affix Photo in
Dress Code

1. Name _____
2. Father's Name _____
3. Present Address _____

4. Enrolment Number and Date _____
5. Place of Practice _____
6. When did you pass your AIBE? _____
AIBE No. _____ (attach the copy of
CoP)
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) _____

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) _____

ii. Details of qualification

SI. No.	Name of the Board/University	Roll No.	Year Passing
A.	Secondary Exam		
B.	Senior Secondary/ Intermediate (+2)		
C.	Graduation		
D.	LL.B.		

I do hereby declare that all the information's given above are true and correct. If any of the information's are 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 (or the Authorised signatory
of B. C. I.) Seal of Bar Association**

Date:

Note: One extra photograph to be attached also.

Payment Details:- (i.e. Rs.100/-) Payment will be accepted by Demand Draft in favor of "**Bar Council of Maharashtra & Goa**" Payable at Mumbai.



Note:- After payment enclosed the transaction receipt along with Verification form.

UTR / UPI No. _____

Date of payment _____

Amount Rs. _____