

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 _____



Sub. : Application for issuance of Certificate of Practice (_____/_____)

Sir,

I hereby apply to the _____ (name of the State Bar Council) for the issuance of the 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 _____

6. Name of Institution & University from where the 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 the 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 furnished with the 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, a certified copy of judgment/other be attached

15. Whether the applicant, at present, is facing any disciplinary proceedings/convicted in any Criminal Proceedings or not, if so, particulars be given. _____

16. Delay, if any, in submitting the application form, reasons to be given _____

17. Process fee (i.e. Rs.500/-)

Payment will be accepted by Demand Draft in favor of **“Bar Council of Maharashtra & Goa**



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

UTR / UPI No. _____
Date of payment _____
Amount Rs. _____

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, the 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 or Bar Association _____

20. a. Whether the Advocate intends to become a Member of Bar Association in the Future.(Put an "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 Columns – 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 _____ aged _____ Son of
_____ Resident of _____

_____ enrolled as an Advocate on the roll of
_____ (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 a 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
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 B.C.I. Certificate and Place of Practice (Verification) Rules, 2015]

CERTIFICATE

This is to certify that Shri/Mr./Mrs./Ms. _____

Advocate S/o, W/o, D/o _____ is a bona-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 the State Bar Council of _____

Full Signature with name

President / Secretary

Bar Association

(Seal)

N.B. → To ensure compliance with Form A Column III, Advocates are reminded to submit:

1. Certified copies of at least 5 Vakalatnamas or any other document/cause list establishing five years of active practice.
2. For Advocates associated with law firms, a certificate from the authorized personnel of the firm detailing the period of service and nature of work.
3. For conveyancing lawyers, submission of five documents from the last three years supporting the claim of being a conveyancing practice lawyer.

In addition to these documents, Advocates are reminded to provide details and updates, if any, on educational qualifications, and disclose any filed/pending criminal cases.

The High-Level Committee has decided to concentrate on verification from the 1990 enrolments onward, deferring verification of pre-1990 enrolments, if any, to a later stage.

उच्च-स्तरीय समितीने 1990 च्या नावनोंदणीपासून पडताळणीवर लक्ष केंद्रित करण्याचा निर्णय घेतला आहे, 1990 पूर्वीच्या नावनोंदणीची पडताळणी, जर असेल तर, नंतरच्या टप्प्यात पुढे ढकलली जाईल.