

# Application Form for Issuance of Identity Card

**For office use only** :- Receipt No. \_\_\_\_\_ Date :- \_\_\_\_\_ Rs. \_\_\_\_\_

Re-Print Id. No. \_\_\_\_\_ Sign. \_\_\_\_\_



## Bar Council of Maharashtra & Goa

Tel (Off. ) – ( 022)- 22656567/ 22677508

To ,  
The Secretary,  
Bar Council of Maharashtra & Goa,  
2<sup>nd</sup> Floor, P.W.D. Building,  
High Court, Fort, Mumbai.-400032.

Affix Stamp  
size  
Photograph  
& Sign on  
Photo

Sir / Madam,

Please issue me an Identity Card under your seal and signature. My requisite particulars are as below:-

**Name** \_\_\_\_\_  
( in block letters)      **Surname**      **Name**      **Name of Father / Husband**

**Date of Enrolment:-** \_\_\_\_\_ **Enrolment Number:-** MAH / \_\_\_\_\_ / \_\_\_\_\_

**Date of Birth :-** \_\_\_\_\_ **Sex :-** \_\_\_\_\_

<b>My address with Bar Council:-</b>	<b>My present address (if changed):-</b>

**Mobile:-** \_\_\_\_\_ **Tel.(Res.):-** \_\_\_\_\_ **Tel.(Off.)** \_\_\_\_\_

### IDENTIFICATION

The applicant Mr. / Ms. \_\_\_\_\_  
( in block letters)      **Surname**      **Name**      **Name of Father / Husband**

Is known to me since last \_\_\_\_\_ years and is a member of \_\_\_\_\_ Bar Association  
and has signed this application in my presence.

Date:- / / 20

**President / Secretary of Bar Association or Principal Law College  
( with Stamp )**

### INSTRUCTIONS FOR FILLING IDENTITY CARD

- 1. Affix Stamp size Photograph in Uniform on the Card.**
- 2. Sign on the Photograph at the bottom.**

I am paying herewith an amount of **Rs. 150/- (Rupees One Hundred only)** by DD / Cash as Charges for Identity Card.

I solemnly affirm and undertake that if I cease to practice as an advocate or if my name is transferred to Roll of Advocate of other State Bar Council, I will surrender the Identity Card to you. **Note:- Pay Rs.50/- for Postage if required.**

I also undertake that if my address is changed. I will get the same changed in our records by paying **Rs. 150/-**.

\* Demand Draft should be in favour of "**Bar Council of Maharashtra & Goa**", Payable at Mumbai.

Place :

Date :

\_\_\_\_\_  
**Signature of Advocate**