

Declaration Form
to be submitted by
the Advocates having
practice below five years
(Enrolled after 31st December 2018)

Passport Size
Photograph in
Dress Code
with white
background

1. Name _____
2. Father's Name _____
3. Surname _____
4. Name on LL.B Degree _____
5. Present Address _____

6. Enrolment Number and Date _____
7. Place of Practice _____
8. When did you pass your AIBE? _____
AIBE No. _____ (attach the copy of
CoP)
9. Name of Bar Association/Place where you want to cast your vote in the election of
_____ Bar Association

10. Place where you intend to cast your vote in the elections of State Bar Council

11. Whether, after getting enrolled you are in practice or have joined some
job, business, etc. (give details) _____

12. 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) _____

13. Documents :-

- a. Sanad / Id. Card Bar Council of Maharashtra & Goa
- b. COP / Passing Certificate / Marksheet of AIBE

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/ with Seal

OR

Bar Council Member Signature

Date:

Note: One extra photograph to be attached also.

Payment Details:- (i.e. Rs.100/-) Payment will be accepted by QR Code 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. _____