

## Application Form for Issurance of Identity Card

For Office use only : Receipt No. \_\_\_\_\_ Date : \_\_\_\_\_ Rs. : \_\_\_\_\_  
Re-Print Id. No. \_\_\_\_\_ Sign. \_\_\_\_\_



## Bar Council of Maharashtra & Goa

2nd Floor, High Court Extension, Fort, Mumbai - 400 032. ☎ : 022-6938 1033 / 6938 1037  
Website : www.barcouncilmahgoa.org • Email : barcouncilmahgoa@gmail.com

To,  
The Secretary,  
Bar Council of Maharashtra & Goa,  
2nd Floor, High Court Extension,  
Fort, Mumbai - 400 032.

Affix Passport  
Size Photograph  
in Adv.  
Dress Code  
(Coat with Band)

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 Enrollment : \_\_\_\_\_ Enrollment No. : MAH / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Gender : \_\_\_\_\_

My addresss with Bar Council	My present address (if changed)

Mob. : \_\_\_\_\_ Tel. : \_\_\_\_\_ E-mail : \_\_\_\_\_

### 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 Passport Size Photograph in Advocate Dress Code (Coat with Band) on the Card.**

I am paying herewith an amount of **Rs. 300/- (Rupees Three 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.

I also undertake that if my **address is changed**, I will get the same charged in our records by paying **Rs. 200/-**

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

**Note :- Pay Rs. 100/- for Postage if required.**

Place :

Date :

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