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

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

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

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. _____ Surname _____ Name _____ Name of Father / Husband (in block letters)

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. 500/- (Rupees Five 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 transfered 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. 300/-**

*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