Application Form

1)	Name of the Advocate	:			
2)	Enrollment detail with Bar Counc	il :			
3)	Residence Address	:			
4)	Office Address	:			
5)	Contact No.	:			
6)	E-mail Id	:			
7)	Educational Qualification	:			
8)	Experience Details	:			
9)	Willingness for induction in the Panel of Legal Aid	:	YES / NO		
10)	Practicing in [Please tick (√) in the box]	:	Civil Criminal Labour MACP Consumer	((()))
	Sig	gnature of Advoca	te		•••••
	Na	me of Advocate			