APPLICATION FOR ENGAGEMENT AS FULL TIME LEGAL AID LAWYER IN LEGAL AID DEFENSE COUNSEL SYSTEM

| Dadra & Nagar Haveli, | Photo |
|-----------------------|----------|
| At. Silvassa | Passport |
| Application No | size |

APPLICATION FOR ASSISTANT LEGAL AID DEFENSE COUNSEL

| 1. | Applicant's Name | : |
|-----|--------------------------|---|
| 2. | Father/Husband's Name | : |
| 3. | Date of Birth | : |
| 4. | Age | : |
| 5. | Gender | : |
| 6. | Residential Address | : |
| 7. | Office Address | : |
| 8. | Chamber Address (if any) | : |
| 9. | Telephone no. (O) | : |
| 10. | Telephone No. (R) | : |
| 11. | Mobile No. | : |
| 12. | Fax No. | : |
| 13. | E-mail ID | : |
| 14. | PAN No. | : |
| 15. | AADHAR No. | : |

16. Educational Qualification

(Please enclose self-attested copies of documents):

| Course | Name of Board/ | Year of | Obtained |
|---------------------|----------------|---------|-------------|
| | University | Passing | Percentage |
| | | | (aggregate) |
| Graduation | | | |
| Professional Degree | | | |
| LL.B. | | | |
| LL.M. | | | |
| Any other (if any) | | | |
| | | | |
| | | | |
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| | | | |
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| 17. | Date of Enrollment as Lawyer | | : | |
|-----|---|---|------|--|
| 18. | 8. Enrollment No. (Attach self-attested copy of enrollment certificate issued by Bar Council | | •• | |
| 19. | 19. Experience in Bar : (Duration of actual practice) | | | |
| | (Attach an experience certificate issued by the Bar Association/Council) | | | |
| | (a) | Total no. of cases handled | : | |
| | (b) | Nature of cases handled (Attach extra sheet, if required) | : | |
| | (c) | Specialization, if any (The details of a few important cases, the Applicants have dealt with/handled and reported Judgment if any.) | •• | |
| 20. | 20. Whether empaneled as Central/ State Government or Government undertaking counsel/pleader (Indicate period & attach documents) | | •• | |
| 21. | 21. The Courts where the Applicant is regularly practicing (Enclose Bar Association Membership Certificate) | | •• | |
| 22. | 2. Specify whether earlier remained on the panel of HCLSC/DLSA or TLSC (Indicate period, number of legal aid cases handled & result) (attach documents) | | • | |
| 23. | case/Complaint is/was against the Applicant with any Bar Council (If yes, specify details of both disposed & pending with documents) | | : | YES/NO |
| 24. | arre | • | ıitt | plicant or have ever been convicted/ed/ facing any criminal prosecution nce? If yes, give details. |

DECLARATION

I hereby declare that, all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect at any stage, my candidature is liable to be canceled. I have read and understood the instructions and terms of the engagement and agree to abide by those. I declare that I fulfill the eligibility conditions for the category to which I am seeking engagement. I declare that, I have never been penalised by any Bar Council in any Disciplinary Proceedings. I also undertake to maintain absolute integrity and discipline as required thereunder. I agree with the remuneration structure and all the terms and conditions notified by SLSA Dadra & Nagar Haveli concerned.

| | (Name & Signature) |
|--------|--------------------|
| Place: | |
| | |
| Date: | |