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

State_____

Photo

District _____

Application No. _____

(For office use)

APPLICATION FOR DEPUTY CHIEF/ ASSISTANT LEGAL AID DEFENSE COUNSEL

1. Applicant's Name:
2. Father/Husband's Name:
3. Date of Birth:
4. Age (as on 01-12-2025):
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/ University	Year of Passing	Obtained Percentage (aggregate)
Graduation			
Professional Degree LLB			
LLM			
Any other (if any)			

17. Date of Enrollment as Lawyer:

18. Enrollment No: (Attach self-attested copy of enrollment certificate issued by Bar Council)

19. Experience in Bar:

(Duration of actual practice)

(Attach an experience certificate issued by the Bar Association/Council, if any)

(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. Whether empanelled as Central/ State Government or:

Government undertaking counsel/ pleader

(indicate period & attach documents)

21. The Courts where the Applicant is regularly practicing:

(Enclose Bar Association Membership Certificate)

22. Specify whether earlier remained on the panel of HCLSC/ DLSA or TLSC:

(Indicate period, number of legal aid cases handled & result) attach documents)

23. Whether any disciplinary case/ complaint is / was against the Applicant with any Bar Council : Yes No

(If yes, specify details of both disposed & pending with documents)

24. List of the documents to be attached.

1. Self-attested photo copy of Certificate in support of educational qualifications.

2. Self-attested photo copy of Certificate in Enrollment issued by the Bar Council under the Advocates Act, 1961.

3. Self-attested photo copy of Photo Identity Card, Address Proof.

4. Self-attested photo copy of ITR for last 3 years (if available)

(Signature)

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 cancelled. I have read and understood the instructions and terms of the engagement and agrees 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 penalized by any Bar Council in any Disciplinary Proceedings. I also undertake to maintain absolute integrity and discipline as required there under. I agree with the remuneration structure and all the terms and conditions notified by SLSA/DLSA concerned.

(Signature)

Place:_____

Date:_____