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

(Assistant Legal Aid Defense Counsel)

Application No :_____(for office use)

APPLICATION FOR **: Assistant Legal Aid Defense Counsel**

1.	Applicant's Name	**:**
2.	Father / Husband's Name	**:**
3.	Date of Birth	**:**
4.	Age (as on 31/12/2025)	**:**
5.	Gender	**:**
6.	Residential Address	**:**
7.	Office Address	**:**
	Chamber Address	**:**
8.	Mobile No	**:**
9.	E-Mail ID	**:**
10.	PAN No	**:**
11.	AADHAR No.	**:**

12.	Educational Qualification (Please enclose self-attested copies of documents)		
	Course	**Year of Passing**	**Obtained Percentage (aggregate)**
a.	**Graduation**		
b.	**Professional Degree LLB**		
c.	**LLM**		
d.	**Any other (if any)**		

13.	Date of Enrollment as Lawyer	**:**
14.	Enrollment No. (Attach self-attested copy of enrollment certificate issued by Bar Council)	**:**
15.	Experience in Bar (Duration of actual practice) **(Attach an experience certificate issued by Bar Association / Council)**	**:**
16.	Total no. of cases handled	**:**
17.	Nature of cases handled [Attach extra sheet if required]	**:**
	Specialization, if any (The details of a few important cases, the Applicants have dealt with/handled and reported judgment if any.)	**:**
18.	Whether empanelled as Central/State Government or Government undertaking counsel/pleader (Indicate period & attach documents)	**:**
19.	The Courts where the Applicant is regularly practising (Enclose Bar Association Membership Certificate)	**:**
20.	Specify whether earlier earlier remained on the panel of HCLSC/DLSA or TLSC (Indicate period, number of legal aid cases handled & result) (attach documents)	**:**
21.	Whether any disciplinary case/ Complaint is/was against the Applicant with any Bar Council (If yes, specify details of both disposed & pending with documents)	**YES/NO**
	1) List of the documents to be attached 2) Self-Attested copy of Certificates in support of educational qualifications. 3) Self-Attested copy of certificate in enrollment certificate issued by Bar Council under the Advocates Act, 1961. 4) Self-Attested copy of Photo Identity Card, Address Proof.	

Signature

Place :_____

Date :_____

DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to 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 fulfil 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 as required thereunder. I agree with the remuneration structure and all the terms and conditions notified by SLSA/DLSA concerned.

Signature

Place :_____

Date :_____