– : : જાહેર નોટીસ : : –

આથી જણાવવામાં આવે છે કે, નામ. ગુજરાત રાજય કાનુની સેવા સત્તા મંડળ, અમદાવાદ ના પત્ર નં. ૧૨૬૬/૨૪, તા. ૧૯/૦૭/૨૪ અન્વયે જુનાગઢ ખાતે લીગલ એઈડ ડીફેન્સ કાઉનસીલ સીસ્ટમ સેન્ટર ની સ્થાપના કરેલ છે. આ એલએડીસી સેન્ટરમાં નીચે મુજબ ની પોસ્ટ માટે વકીલશ્રીઓની નિમણુંક કરવાની થાય છે.આ માટે ઈચ્છા ધરાવતા વકીલશ્રીઓએ નીચે ની વિગતે ફોર્મ ભરવાના રહેશે.

ર. ડેપ્યુટી ચીફ લીગલ એઈડ ડીફેન્સ કાઉનસીલ – (કુલ – ર –પોસ્ટ)

−::લાયકાત ::**-**

- 1. Practice in Criminal Law for at least 07 Years-Yes
- 2. Excellent understanding of Criminal Law-
- 3. Excellent oral and written communication skills.-
- 4. Skill in legal reserach
- 5. Thorough understanding of ethical duties of a defence counsel -
- 6. Ability to work effectively and efficiently with others -
- 7. Must have handled at least 20 Criminal trials in sessions Courts.- May be relaxed in exceptional circumstances by Honb'e Executive Chairman, SLSA,
- 8.IT Knowledge with proficiency in work
- (૧) અરજદારે https://junagadh.dcourts.gov.in/ પરથી અરજી ફોર્મ ડાઉનલોડ કરી તેને વિગતવાર ભરી જીલ્લા કાનુની સેવા સત્તા મંડળ, જુનાગઢ ની કચેરીમાં તા. ૨૪/૦૭/૨૦૨૪, સાંજના ૦૫.૩૦ કલાક સુધીમાં જમા કરાવવાનું રહેશે.

(નોંધ : સમય મર્યાદા પછી કે અધુરા, ખોટી માહિતિ સાથેના ફોર્મ સ્વીકારવામાં આવશે નહી.

કોર્મ ભરતાં પહેલા https://junagadh.dcourts.gov.in/ પર મુકવામાં આવેલ માર્ગદર્શીકા અવશ્ય વાંચી લેવી. સર્વ હકક એલએડીસી કમીટી ને આધિન રહેશે.)

જીલ્લા કાનુની સેવા સત્તા મંડળ– જુનાગઢ

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

·			
STATE			
DISTRICT			
Application No.			Photo
(For Office use)			
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APPLICATION FOR CI	MEF/DEPUTY/ASS	ISTANT LEGAL AID	DEFENSE COUNSEI
1. Applicant's Name	7 9:		
2. Father/Husband's Nar	me :		
3. Date of Birth	:		
4. Age (as on 01-08-202	2) :		
5. Gender	:		
Residential Address			
Office Address			
8. Chamber Address (if a	any) :		
9. Telephone no. (O)			
1			
10. Telephone No. (R)	•		
11. Mobile No.			
12. Fax No.			
13. E-mail ID			
14. PAN No.			
15. AADHAR No.	: (7)		
16. Educational Qualificat	ion (Please enclose se	II-attested copies of doc	cuments):
Course	Name of Board/	XX Ox	
Course		Year of Passing	Obtained Percentage
Graduation	University		(aggregate)
Professional Degree			
LLB			
LLM			

17. Date of Enrollment as Lawyer:

Any other (if any)

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)

- (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 judgement if any.)
- Whether empanelled as Central/State Government or Government undertaking counsel/pleader (Indicate period & attach documents)
- The Courts where the Applicant is regularly practising (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) b) Whether any Police Case/FIR is registered against the Applicant in any Police Station YES NO (If yes, specify details of both disposed & pending with documents)
- 24. List of the documents to be attached.
 - 1. Self-Attested copy of Certificates in support of educational qualifications.
 - Self-Attested copy of Certificate in Enrollment issued by the Bar Council under the Advocates Act, 1961.
 - 3. Self-Attested copy of Photo Identity Card, Address Proof.
 - 4. Self-Attested copy of ITR for last 3 years (if available).
 - 5. Photo copies of judgments in 5 Sessions cases, represented as Defense lawyer, (for the post of Chief/Deputy Legal Aid Defense Counsel).
 - 6. Photocopies of at least 5 cross examinations in Sessions cases (for Chief/Deputy Legal Aid Defense Counsel).

(Signature)