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

STATE		
DISTRICT	Photo	
Application No (For Office use)	Filoto	
APPLICATION FOR DEPUTY LEGAL AID DEFENSE COUNSEL		

1.	Applicant's Name	:	
2.	Father/Husband's Name	:	
3.	Date of Birth	:	
4.	Age (as on 01-07-2024)	:	
5.	Gender	:	
6.	Residential Address	:	
7.	Office Address	:	

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8.	Chamber	Address	(it anv	٠ .
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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 Passing	Obtained Percentage
	University		(aggregate)
Graduation			
Professional Degree			
LLB			
LLM			
Any other (if any)			

17. Date of Enrollment as Lav	wyer:
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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 Ass	ociation/Coun	cil)
(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.)		
20. Whether empanelled as Central/State Government or		
Government undertaking counsel/pleader	•	
(Indicate period& attach documents)		
(		
21. The Courts where the Applicant is		
regularly practising :		
(Enclose Bar Association Membership Certificate)		
22.5 '6 1.4 1' ' 1.4		
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. a) 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) Whather any Police Cage/FIP is registered		
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		NO
	,	
24. List of the documents to be attached.		
1. Self-Attested copy of Certificates in support of educa	-	
2. Self-Attested copy of Certificate in Enrollment issue	ed by the Bar C	ouncil under
the Advocates Act, 1961.		
3. Self-Attested copy of Photo Identity Card, Address P		
4. Self-Attested copy of ITR for last 3 years (if available	e).	

5. Photo copies of judgments in 5 Sessions cases, represented as Defense lawyer,

6. Photocopies of at least 5 cross examinations in Sessions cases (for Chief/Deputy

(for the post of Chief/Deputy Legal Aid Defense Counsel).

Legal Aid Defense Counsel).

(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 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 declare that I am not convicted of any offence & no criminal case/except the case the details of with are produced by me is/are filed against me. 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/DLSA concerned.

	(Signature)
Place:	
Date	