

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

STAT	E			
DISTF	RICT			
	cation No	_		Photo
	PPLICATION FOR Coplicant shall apply in one			
1.	Applicant's Name	:		
2.	Father/Husband's Nam	ie :		
3.	Date of Birth	:		
4.	Age (as on 01-08-2022) :		
5.	Gender	:		
6.	Residential Address	:		
7.	Office Address	:		
8.	Chamber Address (if an	ny) :		
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 Qualificati	on (Please enclose	self-attested copies of	documents):
	Course	Name of Board/	Year of Passing	Obtained

Course	Name of Board/	Year of Passing	Obtained
	University		Percentage
	-		(aggregate)
Graduation			
Professional Degree			
LLB			
LLM			
Any other (if any)			



	Date of Enrollment as Lawyer: 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.)
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.	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 copy of Certificates in support of educational qualifications.
 - 2. 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)



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 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. I also undertake that I have filled
application form for only one post of LADC and I have applied for the said post in one
district only i.eand in no other district.

	(Signature)
Place:	
Date:	