<u>Annexure - 'B' 1</u> [Minutes dated 19.01.2024]

Appli Recei No. o	ffice use only cation No ved on f pages ding form)			Self Attested recent photograph in uniform
		PR. DISTRICT & SESSION COMPLEX, SAK		
CHAL	LENGED ADVOCATES LAWYERS' CHAMBE	ALLOTMENT OF CHAM UNDER RULE 8(ii) OF T RS (ALLOTMENT AND OC ET COURTS COMPLEX, N	HE SAKET DISTRICT CUPANCY) RULES, 201	COURT
	(Please fill all columns i	,		
<u>NOTE</u>	must submit o	hat each advocate desionly one application fo application form more thans.	rm and further that	:hamber
1.	Name (in block letters):	Mr./Mrs./Ms.		
First	Name	Middle Name	Surname	
2.	Father's name			
3.	Name of Spouse			
4.	Date of Birth			
5.	Enrollment Number wi	th BCD: D/ if I	revised New No. D/	
	(Attach a copy of certific	cate of enrol. with BCD duly	attested by Hony. Secy.,	SBA).
5A	. Particulars of members	hip of SBA(Attach c	opy of proof of active mer	nbership
	of SBA in form of certific	cate issued by President/ Ho	ony. Secy., SBA).	

6.	Mailing details [Please also indicate the address for correspondence by ticking any one box]
	Present:
	Permanent:
	Office:
7.	Contact Nos.:-
	Landline (R)(O)
	FaxE- Mail
	Mobile: (only one)
8.	(a) Has your license/enrollment with Bar Council of Delhi ever been suspended/
	cancelled
	(b) If yes, give reasons & if revoked, the date of
	revocation
8A	. Are you practicing at Saket District Courts:
9.	Since when are you practicing. In case of break, give details.
10	. If you have ever served in any capacity under Govt. (including Judicial Service)/Semi
	Govt./Govt. Undertaking/Private Sector/ Armed Forces etc., give details:-
	(a) Served as member of which service
	(b) Date of initial appointment
	(c) If member of an organized service, its name
	(d) Date of leaving service

(e) Reasons for leaving service (e.g. Superannuation)	
(f) Total length of service	
(g) Remarks (If reason for leaving service was other than a	
Note:- Must attach supporting documents for all of the	
11. (a) Do you possess a chamber in any court complex in yo	our individual capacity or as
a joint allottee. If yes, give full particulars of the chamber	
(b) In case of joint allottee, give the name & allottee	•
12. Membership of other District Bar Associations:-	
Name of Bar Association	Membership No.
Delhi Bar Association	
New Delhi Bar Association	
Shahdara/Karkardooma Bar Association	
Rohini Bar Association	
Dwarka Bar Association	
Any other Bar Association/s	
1	
2	
	I .
13. (a) Have you ever acquired/ built or been allotted a chamb	per in any Court Complex in
Delhi, if yes, please give full particulars of chamber	
(b) If yes, have you ever parted with possession of the said	d chamber (give details)
14. (a) Is your spouse a practicing lawyer	
(b) If yes, give details	
15. (a) Has your spouse been alloted or holds a chamber in any of Yes/No	
(b) If yes, please give full particular of chamber	
(b) if yes, prease give full particular of chariber	

16.	Whether your spouse has applied for allotment of a Chamber at Saket
17.	Disability Certification
	i) Type of disability
	ii) Whether disability is permanent/ temporary
	iii) Certificate issued by (Medical Board & State)
	(Attach Self Attested Copy)
	iv) Date of issuance of certificate
18.	Please submit appearances details. (Annex certified copies of the proceedings sheet
	of 15 cases of South/ South East District Courts as main counsel, in support of claim
	of practicing at Saket Court Complex- see clause 3 (g) of notice)

SI. No.	Particular	Appeared for	Last Date	Next Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

	Decl	<u>aration/</u>	underta	king
--	------	-----------------	---------	------

I.	Advoca	ıte,	Enrollment	No		with	Bar
Council o	f Delhi (Member of Saket Bar Association Vi	de	No), do	hereby	soler	nnly
affirm an	d declare as under:-						

- 1. That I am desirous of allotment of a chamber at Saket Courts Complex under the category of physically challenged advocates. I intend to practice law mainly at Saket Courts. I undertake that in case I am unable to use the chamber for legal practice for any reason, I shall surrender the chamber to the Pr. District & Sessions Judge In-charge, Saket Court Complex, New Delhi.
- 2. That I further undertake to abide by The Saket District Court Lawyers' Chambers (Allotment And Occupancy) Rules, 2010 as amended from time to time.
- 3. That I agree for the allotment on provisional basis, subject to verification of the details furnished by me.
- 4. I do hereby solemnly declare and affirm that I am not allottee of any chamber in any Court Complex other than the one in which I hereby Seek.

Or

- 5. That I agree to pay all the dues on time i.e. Electricity bills, Maintenance Charges and License Fee, subscription to Bar Association etc.
- 6. That I undertake that the allotted chamber will not be used for commercial purposes such as Photocopy/Typist/Cyber Cafe etc., other than the purpose of legal practice and also not to sublet fully or in part of the chamber.
- 7. That I also undertake that I shall not file any litigation regarding the allotment of Chamber or retaining the allotment, if the allotment is cancelled for whatsoever reason.
- 8. That I agree that if debarred from Bar Council of Delhi/ Saket Bar Association, my chamber allotment will stand automatically cancelled.
- 9. That I have submitted/stated true and correct facts/information in the above application form for allotment of a chamber at Saket courts Complex. The information stated herein is true and correct. No part thereof is false and wrong and if found otherwise, at any stage, the chamber allotment committee shall be at liberty to reject my application and cancel the allotment with immediate effect and I shall be liable to pay the damages/Licence Fee for the period till the date of illegal occupation as may be decided by the Pr. District & Sessions Judge, In-charge, Saket Court Complex, New Delhi.

	DEPONENT
Verification:	
Verified at New Delhi on this day of	that the contents
of this declaration/ undertaking are true and correct to my know	wledge & belief and nothing
material has been concealed there form.	

DEPONENT

List of enclosure	es (please specify the number of total pages including the pages	
the application fo	orm and the enclosures at the end of the list).	
	1. Application form Page No.(s) 1 to 4	
	2. Undertaking Page No. 5	
	3. Conclusion Sheet Page No. 6	
	4. BCD Certificate Page No	
	5. SBA Enrollment Certificate Page No	
	Disability Certificate Page No	
	7. Certified copies of proceeding sheets Page No to	
	8	
	9	
	10	
	mber of pages (in words and figures)	
Total nun	nber of pages (in words and figures)	
	Signature	
	Signature	
-	SignatureNameFOR OFFICE USE ONLY	
Name	SignatureNameFOR OFFICE USE ONLY	
Name	SignatureNameFOR OFFICE USE ONLY	
Name Enrollment No Membership No.	SignatureName FOR OFFICE USE ONLY of SBA	
Name Enrollment No Membership No. Provisional Allotn	SignatureName FOR OFFICE USE ONLY of SBA	
Name Enrollment No Membership No. Provisional Alloth	SignatureName FOR OFFICE USE ONLY of SBA	