

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

STATE _____

DISTRICT _____

Application No. _____

(For Office use)

Photo

APPLICATION FOR DEPUTY LEGAL AID DEFENSE COUNSEL

1. Applicant's Name :

2. Father/Husband's Name :

3. Date of Birth :

4. Age (as on 01-01-2025) :

5. Gender :

6. Residential Address:

7. Office Address:

8. Chamber Address (if any):

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

17. Date of Enrollment as Lawyer:

18. Enrollment No. : (Attach self-attested copy of enrollment certificate issued by Bar Council)

6. Photocopies of at least 5 cross examinations in Sessions cases (for Deputy Legal Aid Defense Counsel).

7. List along with copy of judgments/proof of trial of criminal cases be attached (15 cases List along with the copy of judgments/proof of trial of criminal cases for the Deputy Legal Aid Defense Counsel) handled by him/her.

(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 fulfill the eligibility conditions for the category to which I am seeking engagement. I declare that I have never been penalized by any Bar Council in any Disciplinary Proceedings. I also undertake to maintain absolute integrity and discipline as required there under. I agree with the remuneration structure and all the terms and conditions notified by SLSA/DLSA concerned.

(Signature)

Place: _____

Date: _____