

OFFICE OF THE DISTRICT LEGAL SERVICES AUTHORITY,

BALASORE

NOTIFICATION

Dated this the 20th day of August, 2025

SUB: APPLICATION FOR SELECTION OF PANEL LAWYERS.

Applications in the prescribed format annexed herewith are invited from willing Advocates for being enrolled as Panel Lawyers for the District Legal Services Authority, Balasore.

1. Qualification required to be enrolled as panel Lawyers:

- (a) He/She must be a regular legal practitioner having more than three(03) years experience at Bar.
- (b) He/She must have a mind set to assist the needy in the society coupled with compassion, empathy and concerned for the uplifting of marginalized and weaker section of the society.
- (c) He/She must have unflinching commitment towards the cause which should be translated in to work he/she undertakes.

N.B: i. The last date of receiving application (duly signed in) at the office of D.L.S.A., Balasore, is 05.09.2025.

ii. The Advocates are required to fill in all columns in the application form neatly and correctly and to put their signatures at appropriate places and are also required to submit the certificate of practice.

Sd/-

**District Judge-Cum-Chairman,
D.L.S.A., Balasore.**

APPLICATION FORM

(FOR BEING ENROLLED AS PANEL LAWYER OF D.L.S.A., BALASORE)

1. Name of the Advocate:
2. Father's /Husband's Name:
3. Gender (Male/Female):
4. Age(as on 01.08.2025)
5. Permanent Address:
6. Present Address:
7. Contact Number:
8. Email Id:
9. Educational Qualification:
10. Bar Enrolment No.:
11. Attach Photocopy of advocate license:
12. Empanelled on:
13. Attach Photocopy of Certificate of practice:
14. Years of Actual Practice:
15. Proficiency of Advocate in which branch of law be indicated as per as Practicable (Civil/Criminal):

Affix Self
attested
passport size
Photograph

Signature of the Advocate

DECLARATION

I, Sri/Smt./Miss. _____, Son/Daughter/
Wife of _____, do hereby acknowledge that, I
know that the work of panel lawyer. I will do & deliver work which will be
assigned as a Panel Lawyer to me as & when by the D.L.S.A., Balasore. I also
certify that the details furnished in the application form are true to the best of
my knowledge and belief.

Signature of the Advocate