### SUPREME COURT OF INDIA

No.F5/ACPanel/2020-2022/SCI (IIA) New Delhi, Dated 23<sup>rd</sup> January, 2020

#### **NOTICE**

It is hereby notified that Senior Advocates, Advocates-on-Record and non-Advocates-on-Record (having 10 years or more standing at the Bar as on the date of notification) who desire to be empanelled as Amicus Curiae, may submit their consent in Form 'A' appended to this Notice, for being considered for inclusion of their names in the fresh panel for appointment as Amicus Curiae, for the period commencing from 01.04.2020 to 31.03.2022, to the undersigned on or before 13<sup>th</sup> February, 2020.

Those who are already in the panel (2018-2020) may also submit their fresh consent in Form 'A' afresh.

Form 'A' should be accompanied by a photocopy of the document/certificate showing their standing at the Bar for ten or more years as on the date of notification.

[Pardeep Kumar Sharma] Registrar (Confidential Cell)

## Copy to:

- (i) The Secretary, Supreme Court Bar Association with a request that this may be displayed on the Notice Board of the Bar Association for the information of the Members of the Bar.
- (ii) The Secretary, Supreme Court Advocates-on-Record Association with a request that this may be displayed on the Notice Board of the Association for the information of the Members of the Bar.
- (iii) All the Notice Board outside the court rooms.
- (iv) All concerned.

## FORM 'A'

# CONSENT

I,		[Senior
Advocate/Advocate-on-Record/Non-Advocate for inclusion of my name in the fresh par appointed as Amicus Curiae by the Supreme	e-on-Record], hereby ginel (2020-2022) of advo	ve my consent
My relevant details are appended below:		
1. NAME		
2. DATE OF ENROLMENT AS ADVOCATE/A DATE OF APPOINTMENT AS SENIOR AD	NOR/ OVOCATE:	
<ol> <li>NAME OF BAR COUNCIL WHERE ENROLLED</li> </ol>	1 -	
4. PLACE(S) OF PRACTICE DURING THE LAST TWO YEARS	:	
5. PERIOD FOR WHICH APPEARED AS AMICUS CURIAE BEFORE THIS COURT		
6. LANGUAGE(S) KNOWN	· ·	
7. ADDRESS OF CONTACT WITH MOBILE/ TELEPHONE NUMBER(S) & EMAIL ID	:	
8. NAME/ADDRESS OF THE AUTHORISED PERSON TO WHOM COMMUNICATION CAN BE DELIVERED	31	4
	NAME:	SIGNATURE
DATE:		

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