Application for Membership of the District Bar Association, Sub: -Jalandhar. Sir. The applicant intends to be the member of the District Bar Association, Jalandhar. The particulars of the applicant is as under:-NAME (CAPITAL LETTERS) FATHER'S / HUSBAND 'S NAME DATE OF BIRTH **ADDRESS** TELEPHONE NO. ENROLLMENT NO. OF BAR COUNCIL CACE OF PRACTICE DATE OF PRACTICE WERE YOU A PREVIOUS MEMBER OF THE BAR, IF SO IN WHICH YEAR YOU LEFT THE MEMBERSHIP? SIGNATURE OF THE APPLICANT RECOMMENDED BY:-NAME OF THE ADVOCATE (IN CAPITAL LETTERS) SIGNATURE OF ADVOCATE NAME OF THE ADVOCATE (IN CAPITAL LETTERS) 2. SIGNATURE OF ADVOCATE DATE OF MEETING:-NOTE: - The applicant must be accompanied by attested copy of Enrollment Certificate of his concerned Bar Council & three / Five Photographs. Declaration:- I shall have my seat of practice at Jalandhar. That I am bonafidely practicing at Jalandhar and facts stated above are true and correct.

PHOTO

SIGNATURE OF THE APPLICANT

District Bar Association,

Jalandhar