NOTE;- No fee or any Power of Attorney / attendance required.

Sr.	No.:	В
Dat	ted: Declaration Form to be submitted by the Advocates enrolled after 1st June, 2018	
1.	Name	Passport size Photograph of Advocate
2.	Father's Name	Advocate
	Present Address	
	Enrolment Numberand Date	
	Place of Practice	
6.	When did you pass your AIBE?	
	AIBE No(Attach the copy of COP)	
7.	Name of Bar Association/Place where you want to cast your vote in the elec	tion of
	Bar Association	•1
8.	Place where you intend to cast your vote in the elections of State Bar Council	- -
9.	Whether, after getting enrolled you are in practice or have joined some job,	
	etc. (give details)	



10.	If you have not passed the AIBE within two years of your enrolment, whether you				
	have left practice and informed your Bar Association and State Bar Council? (give details)				

11. Details of qualification

SI. No.	Name of the Board/University		Roll No.	Year of Passing
A .	Secondary Exam			
В.	Senior Secondary/ Intermediate (+2)			
C.	Graduation	,		
D.	LL.B			

I do hereby declare that all the inforamtions given above are true and correct. If any of the informations are found to be false, then I will be liable to be prosecuted under the Criminal Law.

Dated:

Signature of Candidate

Recommended By

Full Signature with name of Authorised Member Bar Council of Punjab and Haryana Dated;

Full Signature with name of President/ Secretary Bar Association (seal) Dated;