C

Note;- 1. No fee required
2. Power of attorney/attendance required for five years at least one in a year.

Sr.No._____

Dated _____

BAR COUNCIL OF PUNJAB AND HARYANA, CHANDIGARH

FORMAT TO BE FILLED UP BY THE ADVOCATES FOR PREPARATION OF ELECTORAL ROLL

Name; (given in the Enrolment Certificate)	
Enrolment No.	
Date of Enrolment	
AIBE (C.O.P.) No. (if passed LL.B after June, 2010)	
Place of Practice	
Whether you are a member of any Bar Association? If yes, the name & place of Bar Association.	
At which place you intend to cast your vote in the elections of State Bar Council	
Whether you are engaged in any other occupation/Job or business, if yes, please give details.	
Whether you appear as finger print expert witness in 3 or more cases or have been bailor/security in more than 5 cases	
Whether you are facing any **criminal case** and has been charge-sheeted in case(s) relating to moral turpitude in which the punishment prescribed is more than 3 years? If yes, please mention the case details	
Whether any case of **Disciplinary Proceeding** has been decided or pending against you in any State Bar Council or Bar Council of India. If yes, furnish details.	
Whether any contempt proceeding has ever been decided or pending against you by any court of Law. If yes, please furnish the details.	

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Furnish the details of at least five appearances /cases, you have appeared in last five years alongwith Xerox copies of Vakalatnamas/ order sheets and or other evidences. In absence of proper proof, your name shall not be included in the list of voters. OR If you are engaged in a Law Firm, Law office a certificate from appropriate authority to the effect that you are doing work regularly for last 3 years. OR If the Advocate is a conveyancing Advocate, he shall furnish 5 such documents of last 3 years to support his claim that he is a conveyancing practicing Advocate.	

Note: Any wrong information or false evidence or any concealment about any information sought in this Format shall make you ineligible to be a voter in the elections of State Bar Council. Advocates are required to fill up each and every column clearly: and if any column is not applicable to any Advocate he/she is required to mention "not applicable" (N.A.). If any column remains blank, your name shall not be included in voter list.

Advocates are requested to fill up this form and submit the same to the Secretary, Bar Council of Punjab and Haryana, Chandigarh. Forthwith to avoid the name published in non practising advocates list.

Note:- No fee is required to be submitted with this form.

Full Signature of the Declarant-Advocate

Dated ;
Place ;

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 ;

BAR COUNCIL OF PUNJAB & HARYANA CHANDIGARH