

FORM - E⁷

FOR SENIOR ADVOCATES

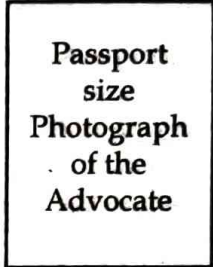
(See Rule 5(a) of the Bar Council of India Certificate and Place of Practice (Verification), Rules 2015)

To,
The Secretary,
Bar Council of

.....

.....

.....



Name:.....

Father's Name.....

Enrolment No. and Date.....

Email Id:.....

Place where the Sr. Advocate to cast his vote in the elections of State Bar Council:
.....

Name/Place of Bar Association where the Senior Advocate casts his vote:
.....

**Signature, Designation & Seal
of the authorized signatory
of S.C.B.A./A.O.R. Association**

**Signature of Senior
Advocate/A.O.R.**

Date:.....

7. Ammended vide Resolution No. 305/2015 dated 5/12/2015.