

FORM - A & FORM- F

APPLICATION FOR ISSUANCE OF CERTIFICATE OF PRACTICE

(for Advocates & Advocate on Records)

[See Rule 8.3 of the Bar Council of India Certificate and Place of Practice (Verification) Rules, 2015]

PASSPORT
SIZE
PHOTOGRAPH
OF ADVOCATE

To,
The Secretary, Karnataka State Bar Council, Old KGID Building, Bengaluru-01

Sub. : Application for issuance of Certificate of Practice (KAR/...../.....)

Sir,

I hereby apply to the Karnataka State Bar Council for the issuance of Certificate of Practice.

My full Particulars are as follows:-

1. Enrolment number on the Roll:

2. Date of Enrolment:

3. Name of the Advocate:
(As given in the Enrolment Certificate)

4. Father's Name:

5. Present Residential Address:

.....

.....

6. Name of Institution and University from where Advocate has done his

Year of Passing

Name of School/College/University

i. Matriculation / 10th

ii. Graduation

III. LL. B

7. Office Address with Telephone No.

.....

Mobile No.

Email / Website:

8. Place of Practice:

(As given in the Application Form for enrolment)

9. Present Place of Practice:

10. Date of Birth:

11. Name of Bar Association of which applicant is a member

.....

12. Whether the applicant, after enrolment, has joined any Government/ Semi-Govt. or Pvt. Service or any other kind of service, if so full particulars be furnished with date of joining of such services

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13. Whether the applicant, after enrolment, has joined any business, as a full partner/ sleeping partner, if so, full particulars be supplied, with an attested copy of business instrument like Partnership deed, MOU, Agreements etc.

.....

14. Whether the applicant, after enrolment has incurred any disqualification as mentioned in Section 24-A of the Act, if so, certified copy of judgment / order be attached. .

.....

15. Whether applicant, at present, is facing any disciplinary proceedings / convicted in any Criminal proceedings or not, if so, particulars be given:.....

16. Delay, if any, in submitting the application form, reasons to be given:

.....

.....

17. Process fee / Late fee/ Penalty : **RS. 300/- + Rs. 1200/-**

Rs.1500/- by Cash (For offline Applications) or through Online

Rpt. No..... Date.....

18. Place where the Advocate intends to cast his vote

In Karnataka State Bar Council Elections and Local Bar Association Elections

.....

19. Any other information, applicant wants to submit about his distinctions . :

.....

.....

20. If the Advocate is not a member of any Bar Associations (registered and recognized by the concerned State Bar Council), the reason for not being a Member of Bar Association.

.....

.....

20.a. Whether the Advocate intends to become the Member of Bar Association in future.

(Put a "X" Mark)

Yes

☐

No

☐

I verify that the information/ particulars furnished by me are true and correct to the best of my

knowledge and nothing has been kept concealed therein. I am also submitting herewith Column – II

and III of this Form "A"

Date :

Full Signature of the Advocate

Note :- Two additional passport size photograph is attached / sent herewith.

FORM - A

Column – II

[See Rule 8.4 (ii) of the Bar Council of India Certificate and Place of Practice (Verification) Rules, 2015]

Iaged

son of resident of

.....

.....enrolled as an advocate on the roll of Karnataka State Bar Council

(name of the State Bar Council) vide certificate of enrolment dated and

No do hereby solemnly affirm and declare as follows:

1. That after having obtained Certificate of enrolment from the Karnataka State Bar Council (name of the Bar Council) under Section 22 of the Advocate Act, I have not left practice in law.
2. That I usually practice atand I intend to cast my vote in Karnataka State Bar Council Elections and local Bar Association Elections

(This Clause 2(ii) shall not apply to those Advocates who do not intend to be the members of any Bar Association)

3. That since my enrolment as an advocate, I have not switched over to any other profession/ service / business and that thereafter, I am doing practice in law.

Date:

Place :

Full Signature of the Declarant – Advocate

FORM - A
Column – III (Certification)

[See Rule 8.4 (iv) of the Bar Council of India Certificate and Place of Practice (Verification) Rules, 2015]

Certificate

This is to certify that Shri/Mr./Mrs./Ms.
 Advocate S/o,W/o,D/o is a bona-fide member of the
 Bar practicing usually at (name of the
 Bar Association, if any) and he/she has been practicing law since joining this Bar from the
 year and has not left such practice and I further certify that the particulars
 disclosed by him/her in the accompanying application are correct to my knowledge and
 belief.

Date :-

Full Signature with Name
Authorized Member /
Ex- Member of
Bar Council of Karnataka

Full Signature with Name
President/Secretary Bar
Association(Bar)

N.B.=> In this certification the declaration should contain/ attach the certified copies of at least 5 Vakalatnamas or any other document/ cause list establishing that the advocate has been in practice for last 5 years.

N.B.=> If the advocate is attached with (Registered some law or Solicitor firm, he shall furnish a certificate to that effect from the Authorized Officer of concerned Firm showing details as to for what period Candidate/ Advocate has served the firm and nature of his details.

If the lawyer is a conveyancing lawyer he shall furnish 5 (five) such documents of last 3 years to support his claim that he is in conveyancing practice lawyer.

FORM- B

(for use of office only)

Karnataka State Bar Council

Photograph of
Advocate with
the seal of Bar
Council

Certificate of Practice**[issued under B. C. I. Certificate and Place of Practice (Verification) Rules, 2015]**

C.O.P. No. _____ of _____

This is to certify that Shri/Mb. /Mrs./Ms.

..... S/o, W/o, D/o.....

R/oPS.....

Dated.....is an advocate enrolled in the Bar Council

of..... His/Her enrolment number is

Datedand his normal place of practice is

He is entitled to cast his vote for the election of Karnataka State Bar Council and Local Bar Association is

This certificate of practice is valid for a period of 5 years from the date of its issuance.

Date:

Place :

Chairman/Vice Chairman
Authorized Signatory
(Seal of the State Bar Council)
(Full Signature)

FORM D

IDENTITY CARD FORM

(Application should be filled in Capital letters)

**Staple one
passport
size photo
here**

I. Card No. _____

1. Name of Advocate:

(As given in the Enrolment Certificate)

2. Father's Name:

3. Enrolment No.:

4. Enrolment Year & date:

5. Office Address:

.....

.....

Email ID: _____

Telephone/Mobile No. _____

6. Date of expiry of I-Card: _____

7. Normal Place of Practice: _____

8. Place where Advocate is entitled to vote in elections of

1) State Bar Council Karnataka and Local Bar Association _____

Date:
Bengaluru

Chairman/Vice-Chairman
Authorized Signatory
(Seal of the State Bar Council)