

DECLARATION FORM TO BE SUBMITTED BY
THE ADVOCATES WHO ARE NOT ELIGIBLE FOR AIBE EXAMINATION
/ RESUMPTION OF PRACTICE (but not completed five years of
Practice)

1. Name of the Advocate : _____

2. Enrolment NO. MYS/ KAR : _____

3. Date of Enrolment : _____

5. Present Address :

6. Name of the Bar Association / Place where you want to cast your
 vote in the Election of Bar Association _____

7. Place where you intend to cast your Vote in the elections of State
 Bar Council _____

{ Note : Place of Practice & Place of Voting at Bar Association and
 at Bar Council shall be one and same}

8. Whether, after getting enrolled you are in practice or have joined
 some job business, etc (give details)

9. If you have resumed the Practice, please mention the date of

Resumption of Practice_____

10. Mobile Number _____

11. E-mail Id _____

12. Blood Group _____

13. Details of qualification

S1 No.	Name of the Board / University	Roll No.	Year of Passing
1	Secondary Exam		
2	Senior Secondary / Intermediate (+2)		
3	Graduation		
4	LL.B		

I do hereby declare that all the informations 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.

Recommended By :

Signature of Candidate

**Signature of President / Secretary / office-Bearer
Of the Association,**

Date :

Place :