

NEW DELHI BAR ASSOCIATION

FORMAT TO BE FILLED BY EVERY MEMBER

1. S. No.....
2. Enrolment Number of Advocate in State Bar Council with the year of enrolment.....
3. Certificate of Practise details, issued after clearance of AIBE, wherever applicable
4. Name of Advocate (to be printed in short on cause list)
5. Full name of Advocate
6. Name of Advocate in Local Language
7. Date of Birth of Advocate
8. Gender of Advocate M-Male, F-Female, T-Transgender
9. Address of Advocate
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10. Address of Advocate in Local Language
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11. Email of Advocate
12. Mobile number of Advocate
13. Whatsapp (if any)
14. Phone number of Advocate.....
15. Fax Number.....
16. Office Address of Advocate where he/she practices.....
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17. Pin Code.....
18. District.....

19. Taluka

20. Office Address of Advocate in local language

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21. Type of Advocate, (Individual-1, Firm-2, Company-3)

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22. If Firm or Company, Registration No. in BCI

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