

Dated : _____

NOTE: INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED



NEW DELHI BAR ASSOCIATION

PATIALA HOUSE COURTS, NEW DELHI-110001

(All the Columns are mandatory and to be filled by own handwriting)

PHOTO

To
The President/Hony. Secretary,
New Delhi Bar Association,
Patiala House Courts,
New Delhi-110001.

Dear Sir/Madam

Kindly enroll me as a member of your Bar, I promise to abide by the rules of this Bar and agree that in case of any dispute or problem with any member of the Bar, it shall be referred to the Bar and its decision will be binding on me. I will not claim more than one seat, if available and shall not sit at any place other than allotted by the Executive Committee & all the decision of Executive Committee shall be binding upon me. I shall also abide by the provisions of constitution of the Bar as amended from time to time.

My particulars are as under :-

1. Name (in Block Letters)

| First Name | Second Name | Sur Name |
|------------|-------------|----------|
| | | |

2. Father's /Husband's Name.....

3. Date of Birth

(Attach attested copy of Class 10th /Matriculation certificate)

4. Bar Council of Delhi Enrolment No & Date of Enrollment

(Attach Attested Copy of Enrollment Certificate)

5. Whether Member of Bar Council Advocate's Welfare Fund.....

State Details.....

6. Enrollment No. of other State Bar Council.....

(if not transferred to Delhi-attach attested photo copy of enrollment certificate)

7. Year of graduation & name of the Institute

(Attach copy of the certificate-self attested)

8. Year of passing Law and the Name of the University.....

(Attach attested copy of Certificate)

9. Place of Practicing.....

| Court | Chamber No. | Years of Practicing | Remarks |
|-------|-------------|---------------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

10.Membership of other Bar Associations:

| Name of Bar Association | Membership No. | year | Remarks |
|-------------------------|----------------|------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

11. Residential Address:-

Present:.....

Permanent:.....

Office Address:.....

12. Telephone.....E-mail Address.....

13.Mobile No.....

14.Blood Group.....

15.If any case initiated/pending against you in Court of Law (State Details).....

16. Are you retired from Judicial Services or Directorate of Prosecution(P.P.), if yes, mention the details.....

17. Aadhar Card Number.....

18. Election I Card Number.....

UNDERTAKING

- (i) I shall not file any case against the Bar
- (ii) I understand that as per the constitution of NDBA, I will have voting right after one year of my membership with NDBA.
- (iii) I shall not indulge in any anti Bar Activities.
- (iv) I accept that initially six months temporary membership will be accorded, till the verification of my enrollment with the Bar Council.
- (v) I bound myself to transfer my enrollment to Bar Council of Delhi (if enrolled with other State Bar council) as specified in the constitution of NDBA and also undertake that I shall submit the copy of Enrollment certificate issued by Bar Council of Delhi.
- (vi) I bound by the Rules and Regulations of the Delhi Bar Council as applicable from time to time.
- (vii) For down loaded forms Rs.50/-extra payable at the time of submitting membership application
- (viii) Membership admission fee Rs.500/- and one year membership subscription Rs.1200/- payable in advance at the time of submitting the membership form.

New Delhi
 Date

Signature

**RECOMMENDED FOR ENROLMENT BY TWO MEMBERS
WITH A MINIMUM OF 5 YEARS STANDING IN NDBA**

NAME..... NAME.....
(IN BLOCK LETTERS) (IN BLOCK LETTERS)

Address..... Address.....

.....

BCD Enrollment No..... BCD Enrollment No.....

Membership No..... Membership No.....

Signature Signature.....

ADMITTED TO BE A MEMBER OF NDBA

PRESIDENT

HONY. SECRETARY

.....

FOR OFFICE USE

Admitted to be a Member of NDBA w.e.f.....

Admission Fee.....Rs.....subscription

from To.....Rs.....Membership No.....

Vide/Receipt No.....

Post Script: Lawyers paying by way of Cheques shall become entitled for membership only after the encashment of the same.

OFFICE SUPT.

TRESURER/CASHIER



NEW DELHI BAR ASSOCIATION
Patiala House Courts, New Delhi.

3.5 Cms X 3.5 Cms

To give clear
impression, Please
Do not Staple Your
Photograph.

IDENTITY CARD FORM
(FOR MEMBERS ONLY)

Identity Card Details
(Fill in Capital Letters)

Specimen Signature

Name : _____

Father's / Husband Name : _____

Date of Birth : _____

Enrl No. with BCD : _____

NDBA Membership No. : _____

Phone No. (Res./Chamber) : _____

Mobile No. : _____

Address : _____

Chamber No. : _____

E-Mail address : _____

Blood Group : _____

Aadhar Card No. :

Election I Card No. :

PRESIDENT

HONY. SECRETARY

