PASSPORT SIZE PHOTO

No. _____

THE BAR ASSOCIATION BAGRU

COURT COMPLEX BAGRU, JAIPUR

To,

The General Secretary,

The Bar Association,

Bagru, JAIPUR

Dear Sir,

I have been enrolled as an Advocate on _____ in The Bar Council of Rajasthan. My enrolment number is _____.

I desire to be enrolled as a member of The Bar Association Jaipur. I am depositing herewith Rs.1000/- as admission fee and Rs.15/- for Library fee and Rs.10/- as monthly subscription of regular / _____ / of a non-resident membership.

I have read the bye-laws and rules of the Association and do hereby declare that I shall abide by the same.

Please enrol me as a member of the Bar Association from _____ oblige.

Date _____ Recommended by	1.Name _____ (IN CAPITAL LETTERS) 4. Father's Name _____ 5. Date of Birth _____ 6. Sit in Court Campus _____

1.

2. SIGNATURE

Permanent postal address with Education Qualifications

Local Address and Telephone No. _____

NOTE : Enclosed Advocate Certificate form _____

Rs. 10/-

THE BAR ASSOCIATION BAGRU

COURT COMPLEX BAGRU, JAIPUR

ADVOCATE'S IDENTITY CARD

NAME .....

FATHER'S NAME .....

DATE OF BIRTH .....

ADDRESS .....

PHONE .....

ENR. NO. R .....

M.S. NO. .....

BLOOD GROUP .....

Holder's Sign.

THE BAR ASSOCIATION BAGRU ADVOCATES WELFARE FUND SOCIETY

(The Bar Association Bagru, Jaipur, Court Complex Bagru, Jaipur-303007)

To,

The General Secretary (Ex-officio),

The Bar Association Jaipur, Advocates Welfare Fund Society,

SUB: Application for admitting as member of fund.

Sir,

I have been enrolled as an Advocate by the Bar Council of Rajasthan on _____ dated with _____Enrolment No. R/_____ I have been admitted as member of The Bar Association, Jaipur on dated _____ with Membership No. _____. I desire to be admitted as member and beneficiary of The Bar Association Jaipur Advocates Welfare Fund Society and depositing Rs.200/- as registration fee and Rs.5100/2100/200/150/100 as Special / Life / Annual Fee Fund. I have gone through the constitution and rules of the Society and shall abide by the rules and directions issued by the Society from time to time.

Please enrol me as member of the above fund and oblige. I submit my particulars as follows :-

1. Name .....
2. Father's Name .....
3. Date of Birth .....
4. Address, Phone & Mobile No. .....
   - Permanent .....
   - Present (Local) .....
5. Place of sitting in Court premises .....
6. Date since practicing as Advocate .....
7. Particulars of Nomination
   - (a) Name and age of the Nominee .....
   - (b) Relationship .....
   - (c) Address .....
   - (d) Name of other legal heirs of Ist Class category as per succession law

     ....

     ....

(If there is more than one nominee, please specify the amount or share payable to each of them as to cover whole of amount payable.)

Date _____

Place _____ Signature with name

DECLARATION

a) I hereby declare that the above particulars are true to my personal knowledge.

b) I hereby undertake to abide with the provisions of constitution of Society, directions etc. made thereunder by the Committee.

c) I hereby undertake to pay annual subscription on or before 1st April every year and I am aware that my membership and benefits will be cancelled on account of non-payment of annual subscription.

d) That I am not suffering at the time of admission with any incurable disease.

Date _____ Signature with Name

Place _____

THE BAR ASSOCIATION BAGRU

COURT COMPLEX BAGRU, JAIPUR

(APPLICATION FORM FOR DIGITAL IDENTIFICATION CARD CUM PROCESS NOTE)

To,

The General Secretary,
The Advocate's Bar Association, Bagru

Dear Sir,

I have been enrolled as an Advocate _____in the Bar Council of Rajasthan. My Enrolment Number is _____. I desire to be enrolled as a member of The Advocate's Bar Association, Bagru. I am depositing herewith Rs._____ as admission fee and Rs._____ Library Fee & Rs._____ monthly subscription of regular membership fees. I have read the bye-laws and rules of The Advocate's Bar Association, Bagru and do hereby declare that I shall abide by the same.

NAME FIRST ..... MIDDLE ..... LAST .....
FATHER'S NAME .....
MOTHER'S NAME .....
SPOUSE NAME .....
DATE OF BIRTH .....
ENROLLMENT NO. .....
ADDRESS (HOME) .....
.....
ADDRESS (OFFICE) .....
.....
AADHAAR CARD NO. .....Photocopy Self Attested
VOTER ID CARD NO. .....Photocopy Self Attested
DRIVING LICENCE NO. .....Photocopy Self Attested
PASSPORT NO. .....Photocopy Self Attested
CONTACT NO. Mob. ..... 2 Mob. .....
AEMERGENCY CONTACT NAME..... 2 Mob. .....
BLOOD GROUP .....
PAN CARD NO. .....

SIGNATURE OF APPLICANT
(IN BOX ONLY)

We are declare that above mention applicant accepted as Life Member / General Member on basis of application form, Certificate of Advocate ID Proof, Photograph and Enrolment Fee Receipt / Any other Remark.

For Digital Identity Card and upload provided document.

BHAWANI SINGH JAT
President (Mob. 8505074732)

KANHAIYA LAL YADAV
General Secretary (Mob. 9829941721)

On basis of above mentioned details and provided document Digital Identity of Advocate.