

**ADMISSION FORM FOR MEMBERSHIP OF BAR ASSOCIATION,**  
**MAHENDERGARH**

**The President**

**District Bar Association,**

**Mahendergarh**

PHOTO

Sir,

Please enroll me as a Member of your Bar Association as I Indent to start my Legal practice regularly, I agree to abide by the Rules of Association as prescribed from time to time.

I am remitting a Sum of Rs. \_\_\_\_\_ towards membership fee,

1. Name \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Resident Address \_\_\_\_\_  
Office Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Email ID \_\_\_\_\_
4. Previous place of Practice, if any :- \_\_\_\_\_
5. Were you ever Member of this Association before: Yes/No  
if yes then Briefly state why and when you ceased to be a Member \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Are you Member of any other Bar Association: Yes/No  
If yes Name of that Bar Association \_\_\_\_\_
7. Particulars of Enrollment as an Advocate with Bar Council of \_\_\_\_\_
  - (i) Enrolment No. \_\_\_\_\_ Date of Enrolment \_\_\_\_\_
  - (ii) Date of Birth \_\_\_\_\_

8. Is there any break in your practice since Enrolment\_\_\_\_\_
9. Whether any Member of your family is already in profession of Advocate, if yes,  
give brief particulars:\_\_\_\_\_
10. Proposer's Advocate Name\_\_\_\_\_
- Address:\_\_\_\_\_
- Enrolment No.\_\_\_\_\_Signature\_\_\_\_\_
11. Seconder's Advocate Name\_\_\_\_\_
- Address\_\_\_\_\_
- Enrolment No.\_\_\_\_\_Signature\_\_\_\_\_

**Signature of the Applicant**

Enrolment No.\_\_\_\_\_

Declaration: - I hereby declare that the particulars given herein above are true and correct. If any fact is found to be wrong in this, then I myself will be responsible for it. I further solemnly declare that I shall only exercise my right to vote at Bar Association\_\_\_\_\_only and not in any other Bar Association in the state of Punjab, Haryana and Chandigarh, as well as any other state.

**Signature of the Applicant**

Note:

1. The proposer and seconded have to be activate member of the Association for not less than five years standings.
2. Form to be got attested personally from president and secretary of Bar Association.

**FOR OFFICE USE ONLY**

The particulars Furnished Herein Above Condition to the requirement for grant of membership under rule.

Receipt No.\_\_\_\_\_Date.\_\_\_\_\_Amount\_\_\_\_\_

**President**

**Secretary**