APPLICATION FORM FOR ADVOCATES CODE

Advocate Code (To be filled by office)					

Affix Photo

Sr No	Advocate Name	Surname	Name	Father/Husband Name
1	Mr./Ms.			

2	Office Address	
	Phone No	

3	Residence Address	
	Phone No	
	Fax No.	
	Mobile No	
	E-mail Address	

4	Bar Council Enrollment No.	G/ /	Enrollment Date.	/ /

Date

Applicant Signature

Encl: True Copy of Sanad/Enrollment letter.

Assistant/Deputy Registrar

I will produce true copy of Sanad within 7 days receipt thereof.
(in case of production of Enrollment Letter)

Applicant Signature