**OFFICE OF THE**

GAUHATI HIGH COURT ITANAGAR PERMANENT BENCH BAR ASSOCIATION

 NAHARLAGUN, ARUNACHAL PRADESH.

To,

The General Secretary

GHCIPBBA,

Naharlagun, A.P.

Sub: **An application for admission in the Roll of Membership of GHCIPBBA.**

Sir,

I request you to admit me as a member of the roll of the Gauhati High Court Itanagar Permanent Bench Bar Association, Naharlagun, A.P.

 **My all necessary particulars are given below:**

1. Name Full :

(In block letters)

1. Father’s Name :
2. Permanent address :
3. Present Address :
4. Years of Passing L.L.B. degree :

(Certificate attached)

1. Enrolment No. & date as advocate :

In the Bar Council of.

1. Certificate of Practice No. :

(All India Bar Exam.)

1. Place where present/intended to :

Practice as Advocate

1. Name of the other Bar Association, If :

Previously enrolled

1. Any other information :

I hereby undertake to abide by the Constitution of the GHCIPBBA and rules, notification issued from time to time.

**Counter Signed by:** Yours’ faithfully,

 **(Advocate)**

 Mr./Ms.

 Phone No.

**NB**: 1. *this application will not be accepted unless duly counter-signed by a member of this Association who is having a length of 7(seven) & above years of continuous practice.*

 *2. Any member who fails to pay the monthly subscription for a continuous period of 3(three) months from the date of enrolment, his/her name shall be struck off from the roll of membership of the Association without any notice.*

 *3. Documents required :- i) L.LB certificate, ii) Bar Certificate issued by BCI, iii) AIBE Certificate, iv) 2(two) Nos. Of passport size photograph & one stamp-size photograph for I/Card with necessary fees.*

 *4. Acceptance of membership shall be subject to the verification/scrutiny by the President/Secretary General.*

**VERIFICATION**

I,.......................................................being the Secretary General of GHCIPBBA, do hereby verified the form & documents submitted by the applicant and found I to be valid/defective and is eligible/in-eligible to be enrolled as member of this office with effect from the date of his enrolment.

**Verified by:**

Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary General

With hand & Seal of GHCIPBBA.

**Dated:**

**Place:**