

बार काउंसिल ऑफ उत्तर प्रदेश

(अधिवक्ता अधिनियम १९६१ के अन्तर्गत सृजित)

१९, महर्षि दयानन्द मार्ग,

इलाहाबाद

सामान्य निर्देश

बार काउंसिल ऑफ इण्डिया सर्टिफिकेट एण्ड प्लेस ऑफ प्रैक्टिस (वेरीफिकेशन) नियम, २०१७ के द्वारा बनाये गये फार्म को भरने सम्बन्धी सामान्य निर्देश :-

१. सभी अधिवक्ता रूपये 500/- का निर्धारित बैंक ड्राफ्ट “B.C.U.P. Certificate and Practice Verification” के नाम से बनवायेंगे, जो प्रयागराज में देय (Payable at Prayagraj) होगा।
२. यह फार्म पूर्ण कर अपने बार एसोसिएशन के अध्यक्ष/सचिव के द्वारा प्रमाणित करवाकर बार काउंसिल ऑफ उत्तर प्रदेश, प्रयागराज में जमा करना होगा। यदि आवेदक अधिवक्ता किसी बार एसोसिएशन के सदस्य नहीं हैं, तो कारण लिखें।
३. इस फार्म को प्रत्येक अधिवक्ता जिनकी प्रैक्टिस 5 वर्ष या उससे अधिक हो गयी है, भरना अनिवार्य है। यह नियम बार काउंसिल ऑफ इण्डिया द्वारा लागू किया गया है।
४. इस फार्म के साथ हाईस्कूल, स्नातक एवं विधि स्नातक के अंकपत्र/प्रमाणपत्र की स्वप्रमाणित छाया प्रति अवश्य संलग्न करें।
५. सर्टिफिकेट एण्ड प्लेस ऑफ प्रैक्टिस (वेरीफिकेशन) के फार्म का फोटोस्टेट भी मान्य है तथा बार काउंसिल ऑफ उत्तर प्रदेश की वेबसाइट www.upbarcouncil.com पर Certificate And Place Of Practice Verification Form डाउनलोड कर सकते हैं।

सचिव

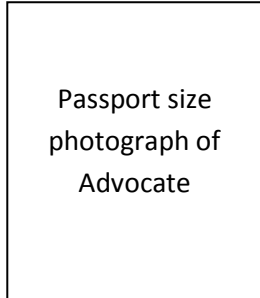
राज्य विधिज्ञ परिषद् उत्तर प्रदेश

**Form-A
Column-I**

**Application for issuance of certificate of practice
{For Advocates & Advocate on Records}**

[See Rule 8.3 of the B.C.I. Certificate and Place of Practice (Verification) Rules, 2015]

To,
The Secretary
Bar Council of Uttar Pradesh
19, Maharshi Dayanand Marg
Prayagraj 211001



Sub: Application for issuance of Certificate of Practice (...../...../.....)

Sir,

I hereby apply to the(Name of the State Bar Council) for issuance of certificate of practice.

My full particulars are as follows:-

- 1. Enrolment Number on the Roll.....
- 2. Date of Enrolment
- 3. Name of the Advocate.....
(As given in the Enrolment Certificate)
- 4. Father's Name.....
- 5. Present Residential Address.....
.....
.....

6. Name of Institution & University from where advocate has done his

| Sno | Course Name | Name of School/ College | Name of Board/ University | Year of passing |
|-----|---------------------------|----------------------------|------------------------------|--------------------|
| I | High School/Matriculation | | | |
| ii | Graduation | | | |
| iii | LL.B. | | | |

7. Office Address with Telephone No.
.....
.....
Mobile No./Email/Website.....
.....
8. Place of Practice.....(As given in the Application form for enrolment)
9. Present Place of Practice.....
10. Date of Birth.....
11. Name of Bar Association of which applicant is a member.....
.....
12. Whether the applicant, after enrolment, has joined any Government/Semi Government or Private Service or any other kind of service, if so full particulars be furnished with date of joining of such services.
.....
13. Whether the applicant after enrolment, has joined any business, as a full partner/sleeping partner, if so, full particulars be supplied, with an attested copy of business instrument like partnership deed, MOU, Agreements etc.....
.....
14. Whether the applicant, after enrolment has incurred any disqualification as mentioned in Section 24-A of the Act, if So, Certified copy of judgment/order be attached.
15. Whether applicant, at present, is facing any disciplinary or criminal or contempt proceedings/convicted in any Criminal or other Proceedings or not, if so, full particulars be given.....
.....
16. Delay, if any, in submitting the application form, reasons to be given.....
.....
.....
17. Process fee/Late fee/Penalty
Rs.....by way of Demand Draft No.....
Date...../Account Payee Cheque No.....Dated.....
Or cash.
Paid to.....on.....

18. Place where the Advocate intends to cast his vote

- i. In Bar Council Elections.....
- ii. In Bar Association Elections.....
- iii. Name of the Bar Association.....
Place

19. Any other information, applicant wants to submit about his distinctions.

20. If the Advocate is not a member of any Bar Association (registered and recognized by the concerned State Bar Council), the reason for not being a Member of Bar Association.....
.....
.....

20.a. Whether the Advocate intends to become the Member of Bar Association in Future.
(Put a "X" Mark)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

I verify that the information/particulars furnished by me are true and correct to the best of my knowledge and nothing has been kept concealed therein.

I am also submitting herewith Column-II and III of this form "A"

Date:

**Full Signature of the
Advocate**

Note: One additional passport size photograph is attached/sent herewith

**Form-A
Column-II**

[See Rule 8.4(ii) of B.C.I. Certificate and Place of Practice (Verification) Rules, 2015]

I.....aged.....
Son ofresident of
.....enrolled as a advocate on
the roll of(Name of the State Bar
Council) vide certificate of enrolment dated and No.
.....do hereby solemnly affirm and declare as follows:-

1. That after having obtained Certificate of enrolment from the
.....(name of the Bar Council) under
section 22 of the Advocates Act, I have not left practice in law.

2. That I usually practice atand I intend to cast my vote

i. In the elections of the State Bar Council at

ii. In the elections of Bar Association.....

{Name and Place of Bar Association}

(This clause 2(ii) shall not apply to those advocates who do not intend to be the
members of any Bar Association)

3. That since my enrolment as an advocate, I have not switched over to any other
profession/services/business and that thereafter, I am doing practice in law.

Date:

**Full Signature of the
Declaring- Advocate**

Form-A

Column-III (Certification)

[See Rule 8.4 (iv) of B.C.I. Certificate and Place of Practice (Verification) Rules, 2015]

**This is to certify that Shri/Mr./Mrs./Ms.....
....., Advocate S/O,W/O,D/O.....
..... is a bona-fide member of the
Bar practicing usually at(name of the
Bar Association, if any) and he/she has been practicing law since joining this Bar
from the yearand has not left such practice and I
further certify that the particulars disclosed by him/her in the accompanying
application are correct to my knowledge and belief.**

Date:

**Full Signature with name
Authorized Member/Ex Member
Bar Council of Uttar Pradesh**

**Full Signature with name
President/Secretary
Bar Association (Seal)**

- N.B In this certification the declaration should contain/attach the certified copies of at least 5 Vakalatnamas or any other document/cause list establishing that the advocate has been in practice for last 5 years.**
- N.B. If the Advocate is attached with (Registered some law or Solicitor Firm),he shall furnish a certificate to that effect from the Authorized Officer of concerned Firm showing details as to for what period Candidate/Advocate has served the firm and nature of his details.**

If the lawyer is a conveyancing lawyer he shall furnish 5 (five) such documents of last 3 years to support his claim that he is in conveyancing practice lawyer.

Form – B
(For use of office only)
Bar Council of Uttar Pradesh

Certificate of Practice
[Issued under B.C.I. Certificate and Place of Practice
(Verification) Rules, 2015]

| |
|--|
| Scanned Photograph of Advocate with the seal of Bar Council |
|--|

C.O.P. No.of.....

**This is to certify that Shri/Mr/Mrs/Ms.....S/o, W/o,
D/o.....R/o.....
PS.....Dated.....is an advocate enrolled in the Bar
Council of**

**His enrolment number isdated.....and his normal
place of practice is.....He is
entitled to cast his vote for the election of Bar Council of
.....At(Place) and in the
elections of Bar Association of(Name & Place
of Bar Association), if applicable.**

**This certificate of practice is valid for a period of 5 years from the date of its
issuance.**

Date:

Chairman/Vice-Chairman
Authorized Signatory
Seal of the State Bar Council
(Full Signature)

Form –C
Application for resumption of certificate of practice
[See Rule 28.2 of B.C.I. Certificate and Place of Practice
(Verification) Rules, 2015]

To,

The Secretary
Bar Council of
.....
.....
.....

Sub: Application for resumption of Certificate of Practice (...../...../.....)

Sir,

I hereby apply to the(Name of the State Bar Council) for resumption of certificate of practice.

My full particulars are as follows:

1. Enrolment Number on the Roll.....
2. Date of Enrolment
3. Name of the Advocate.....
(as given in the Enrolment Certificate)
4. Father's Name.....
5. Present Residential Address.....
.....
6. Name of Institution & University from where advocate has done his
 - i. Graduation.....year.....
 - ii. LL.B.....year.....
7. Office Address with Telephone No.....
.....
Mobile No. /Email/Website.....
8. Place of Practice.....
(As given in the application form for enrolment)
9. Present place of practice.....

10. Date of Birth.....

11.1. That in the changed circumstances, I intend to resume law practice

11.2. That after enrolment I have not suffered and incurred any disqualifications mentioned in Section 24-A, of the Advocates Act.

12. Particulars of the Certificate of Practice issued to the application if any

a. whether issued under AIBE Rules, if so, its number and date.....
.....

b. Whether issued by the State Bar Council under these rules, if so, its number and date (self attested photo copies of the certificate of practice to be annexed with this application)

c. Particulars of the notification, whereby the applicant was put in the list of “Non-Practicing Advocate”
.....

13. Whether the applicant after enrolment has joined any Government / Semi Government or private service or any other kind of service, if so full particulars be furnished with date of joining of such services.....
.....

14. Whether the applicant after enrolment, has joined any business, as a full partner/sleeping partner, if so, full particulars be supplied, with an attested copy of business instrument like Partnership Deed, MOU, Agreements etc.....

15. Whether the applicant, after enrolment has incurred any disqualification as mentioned in Section 24-A of the Act, if so, certified copy of judgment /order be attached.....

16. Whether applicant, at present, is facing any disciplinary proceedings/convicted in any Criminal Proceedings or not, if so, particulars be given.....

17. Delay, in submitting the application form, reasons to be given.....

18. Verification fee/Late fee/ Penalty

Rs.by way of Demand Draft No.....Dated.....
/Account Payee Cheque No.....dated.....
Or cash Rs.

19. Any other information, applicant wants to submit about his distinctions.

20. Place where Advocate intends to cast his vote in the elections of Bar Council
.....

21. Place / Name of Bar Association (if any) where the advocate intends to cast his
vote.....

I verify that the information/particulars furnished by me are true and correct to the best of my knowledge and nothing has been kept concealed therein. I bona-fide intend to resume Law Practice.

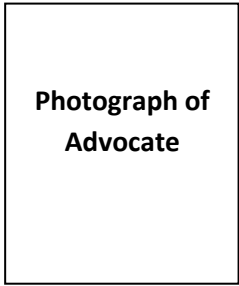
Date:

Signature of the Advocate

Form –D

**Bar Council of Uttar Pradesh
19, Maharshi Dayanand Marg
Prayagraj**

Identity Card



I-Card No.....

1. Name.....

2. Father's Name.....

3. Enrolment No., Year & Date.....

4. Address.....

.....

Email ID.....

Telephone/Mobile No.....

5. Normal Place of Practice.....

6. Date of Expiry of I-Card.....

7. Place where Advocate is entitled to vote in elections of State Bar Council

.....

8. Place/name of Bar Association (if any) where Advocate is entitled to vote in election of

Bar Association.....

Date:

**Chairman/Vice-Chairman
Authorized signatory
(Seal of the State Bar Council)
(Full Signature)**

Form – E

**FOR SENIOR ADVOCATES AND ADVOCATES ON RECORD IN SUPREME COURT OF INDIA
[See Rule 5(a) of the Bar Council of India Certificate and Place of Practice (Verification)
Rules, 2015]**

To,

**The Secretary
Bar Council of**

.....
.....



Name.....

Father's Name.....

Enrolment No., Year & Date.....

Email ID.....

Place where the Sr. Advocate to cast his vote in the elections of State Bar
Council.....

Name/place of Bar Association where the Senior Advocate Casts his
vote:.....

Signature
Designation & Seal of the authorized
Signatory of S.C.B.A./A.O.R. Association

Signature of Senior Advocate/A.O.R.

Date:

