



FORM-1

THE HIGH COURT BAR ASSOCIATION, ORISSA

CUTTACK - 753002, PH. : 0671-2507810

Web : www.highcourtbar.org, E-mail : info@highcourtbar.org

APPLICATION FOR MEMBERSHIP

FOR OFFICE USE

MEMBERSHIP NUMBER								MEMBERS W.F. SCHEME NO.								Affix your passport size photograph
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
LIFE MEMBER				GENERAL MEMBER				ADMISSION DATE								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

1. Name :

(In Capital Letter) (Name) (Middle Name) (Surname)

2. Date of Birth / Age : Years

(Date) (Month) Year

3. (a) Number of Roll in Orissa State Bar Council (with date) :

(Number) Day Month Year

(b) Bar Council Welfare Fund No. :

Number Year

(c) Are you a members of Pension Fund of Bar Council : YES / NO IF YES SL. NO.

9245
2538