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
				ADMISSION DATE	
LIFE MEMBER		GENERAL MEMBER			

1. Name : (In Capital Letter) (Name) (Middle Name) (Surname)

2. Date of Birth / Age : (Date) (Month) Year Years

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.