



## 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 assport size		
							photograph	
LIFE GENERAL			ADMISSION DATE					
MEMBER								
1. Name:								
(In Capital I	Letter) (Name)		Middle Nan	ne)		(	Surname)	
2. Date of Birth / Age : Years  (Date) (Month) Year								
3. (a) Number								
Orissa Sta	with date) :	(Numbo	-1					
(b) Bar Cound Fund No.	cil Welfare	(Number	n)	Day		Month	Year	
(c) Are you a Pension F Bar Coun	und of YES	/NO [		IF YES	SL. NC	).		

of the

4. Name of your Father	·						
Occuaption							
5. Name of your Mother							
Occupation	<u>`</u>						
6. Name of your Wife/Husband	·						
Occupation	:						
7. Blood Group	1						
8. Your Permanent Address							
AT							
P.O.							
P.S.							
DIST.							
STATE		PIN					
9. Your Present Address							
AT							
P.O.							
P.S.							
DIST.							
STATE		PIN					
10. Your Telephone No.(s) :							
Ph. No.							
MOBILE							
email							
11. (a) Pre Enrollment Activities :							
(b) College Career Activities :							
(2) College Odreel Activities							

12. Whether you are member of any other Bar Association ? (Name it)					
13. Social Acti	vities, if any :				
14. Your Extra Curricular Activities :					
15. Any other useful Information You would like to note here :					
16. Present Place of Practice					
17. Present Law Office Name					
(a) Name of the Identifying Member :					
Enrollment Number :					
Full Signature					
(b) Name of the Identifying Member :					
Enrollment Number:					
Full Signature					
19. Education / Professional / any other qualification :					
Examination Passed	Institution / College	Years of Passing	Board / University	%age of Marks	
Matriculation					
Graduation					
Law Degree					
Post Graduate					

20. Name(s) of your son(s) & daughter(s):				
21. I undertake to abide by the Rules of discipline of the Bar Association and adjust myself to the available facilities of the Bar. Further, I under ake that, I will clear my Membership Fee, Locker Fees & Cause List dues regularly.				
Date :	Full Signature of the Applicant			
Ve	rified by			
OFFICE ORDER				
After verification all the documents of applicant, I hereby admitted as  member of our Bar Association.				
	Secretary			
Enclosures:				
(a) HSC Certificate				
(b) Enrollment Certificate				
(c) Two Passport size Photo (in court gown dress)				
(d) Receipt of this form.				