

File No.



BAR COUNCIL OF KERALA

APPLICATION FOR ISSUANCE OF CERTIFICATE OF PRACTICE

**(As per Bar Council of India Certificate and Place of Practice
(Verification) Rules 2015)**

BAR COUNCIL OF KERALA

Form - A

Column - I

APPLICATION FOR ISSUANCE OF CERTIFICATE OF PRACTICE

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

To,
The Secretary,
Bar Council of Kerala
High Court Campus
Ernakulam, Cochin - 682 031

Passport size
Photograph of
Advocate

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
 - 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. 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/other be attached. _____
15. Whether applicant, at present, is facing any disciplinary proceedings/convicted in any Criminal Proceedings or not, if so, particulars be given _____
16. Delay, if any, in submitting the application form, reasons to be given _____
17. Process fee/Late fee/Penalty
₹ _____ by way of Demand Draft No. _____ Date _____
/ Pay in slip _____ Date _____ / Name of Bank _____
_____ Paid to Secretary, Bar Council of Kerala on _____
18. Place where the Advocate intends to cast his vote
i. In Bar Council Elections _____
ii. In Bar Association Elections _____
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:

**Name & Full Signature of the
Advocate**

Note:1. Three additional passport size photograph duly attested by the president/ secretary of bar association is attached /send herewith.

2. Verification fee/process fee of Rs. 500/-

(Rupees five hundred only) by way of Bank Draft in the name of Secretary, Bar Council of Kerala shall be enclosed.

3. Declaration in the prescribed format (Form A) to be produced

4. Certificate in Form A Column III issued by the President/Secretary to the annexure

Form-A

Column - II

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

I _____ aged _____
son of _____ resident 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 at _____ and I intend to cast my vote
 - i. In the elections of the State Bar Council of Kerala 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
Declarant-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
year _____ and 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
Bar Council of _____

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

N.B→ If the certification is made by any authorized member, State Bar Council or Bar Council of India, then 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.

If such proof is not furnished, then the Administrative Committee shall consider the reason (if any) thereof and can pass orders to take an undertaking or affidavit from the Advocate, only after furnishing the affidavit asked by the Administrative Committee of State Bar Council, the application for verification shall be entertained and C O P (Form-B) would be granted.

BAR COUNCIL OF KERALA
Application for Identity Card (Form D)

Passport size
Photograph of
Advocate

I. Card No. _____

1. Name _____

2. Father's Name _____

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

4. Date of Birth _____

5. Address _____

Email ID _____

Telephone/Mobile No. _____

6. Normal Place of Practice _____

7. Date of expiry of ID Card _____

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

9. Place/Name of Bar Association (if any) where Advocate is entitled to vote in election of Bar Association _____

Date:

Signature of Advocate

NB: Card Number and Date of Expiry need not be filled up