HIGH COURT LEGAL SERVICES COMMITTEE
HIGH COURT OF MEGHALAYA
SHILLONG

APPLICATION FORM

PHOTO

Application No. _____
(*For Office Use)*

Application for empanelment of: _____
(To be filled by the candidate)

1. Applicant's Name
   :_____
   (In Block Letters)

2. Father's/Husband's
   Name:_____

3. Date of Birth
   :_____
   (In
   Words_____)

4. Age
   :_____

5. Gender
   :_____

6. Residence Address
   :_____
   (In Block Letters)

   _____
   ___

7. Office Address
   :_____

(In Block Letters)

_____

___

8. Chamber Address
   :_____

   Telephone No. (O)
   :_____
   Telephone No. (R)
   :_____
   Mobile No.
   :_____
   Fax No.
   :_____
   E-mail ID
   :_____

9. Date of Enrolment as an Advocate:_____

10. Enrolment No.
    :_____
    (Attach an attested copy of enrolment certificate).

11. Practice Experience (Duration of actual practice in the Courts):_____
    (Attach an experience certificate issued by the Bar Association/Council)

12. Whether any criminal complaint/disciplinary case is pending against the applicant with any Bar Council or in any court of law?

    Yes_____ No_____

_____

Signature of the Applicant

DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect at any stage, my candidature is liable to be cancelled. I have read and understood the instructions and terms and conditions of the empanelment and agree to abide by those. I declare that I fulfill the eligibility conditions for the category to which I am seeking empanelment. I am submitting only one application for empanelment.

PLACE:_____

DATE :_____

_____

Signature of the Applicant