

Note :- Form should be printed on ledger paper at the time of submission.



Bar Council of Maharashtra & Goa

2nd Floor, High Court Extension,
Fort, Mumbai- 400 032.
Tel-22677508 / 22656567
Website:- www.barcouncilmahgoa.org

Sr.No. _____

Date of Application _____

**Read Undertaking &
Instructions Carefully
Before Filling This
Form**

Name : _____

Date of Birth : _____

Qualification : _____

**Affix
Stamp Size
Photograph
here in
Formal
Dress**

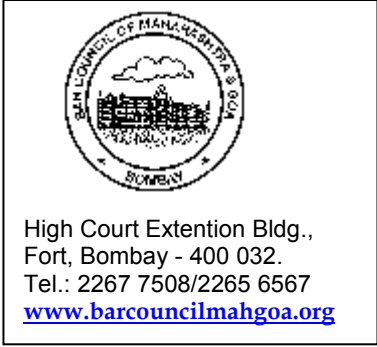
Enrolled on _____

INSTRUCTIONS

1. The application form should be filled in Capital Letters.
2. The applicant should note that if he is in employment, trade, business or profession, he will not be enrolled as an Advocate.
3. Those who have passed their qualifying degree or Bachelor's degree or LL.B. from outside Maharashtra & Goa will have to pay **Rs. 750 /-** (or whatever rate applicable by any specific university) additional by way of demand draft in the name of "**Bar Council of Maharashtra & Goa**" for verification of each degrees from the respective Universities.
4. Those who have passed their qualifying examination or Bachelor's degree or LL. B. degree from outside Maharashtra & Goa will have to submit an affidavit stating "If the concerned University disqualifies, my said degree, then in that event my name will be removed/struck off, from the roll of the advocates maintained by the Bar Council of Maharashtra & Goa."
5. If any statement or fact stated in the application is found to be false at any time, the name of the applicant shall be liable to be struck off from the roll under the provision of sub-section (I) of Section 26 of the Advocate Act, 1961.
6. Affix stamp size photograph duly signed **in Uniform Only** on the identity card.
7. All photocopies of certificates submitted alongwith this application shall be attested by Principal of Law College or by Judicial Officer or by Oath Commissioner or Member of the Bar Council of Maharashtra & Goa or Gazetted Officer and the same will be verified by the Bar Council at the time of submission.
8. If there is any change in the name of applicant, the applicant shall file affidavit specifically mentioning "Due to my marriage, my name changed from _____ to _____ the person by name _____ and _____ is one and the same", to that effect and submit an attested copy of marriage certificate or and copy of official Govt. gazette in which such change is notified.
9. Undertaking on affidavit be submitted stating that the convocation certificate of degree of law and of qualifying degree will be submitted immediately on receipt.
10. **Timing for enrolment purpose will be from 11:00 a.m. to 2:00 p.m. & 3.00 p.m. to 4.00 p.m. only on working days. We are closed on 1st, 3rd & 5th Saturday & Holidays.**
11. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
12. The applicant shall affix his stamp size photograph in Formal Dress on the front page of application, and also on the form under Rule-40 Bar Council o India Rules, also on the form of Maharashtra Advocates Welfare Fund, if applying for the same and on the card enclosed herewith.
13. The Applicant will have to remove defects if any within fourteen days. If the defects are not removed within fourteen days the application will be filed.
14. Please do not write or type anything on the Identity Card.

Price Rs.- 350/-

No. _____



D.D. No. _____ Rs.5800/- or Rs.5300/- (For SC/ST)

D.D. No. _____ Rs.150/- or Rs. 25/- (For SC/ST)

Name of the Bank _____

En. Fee & Other Receipt No. _____

Bar Council of Maharashtra & Goa

(Application for enrolment under section 17 of the Advocates Act, 1961)

Name of applicant in full Mr./Ms. _____
(Block letters, Surname first)

Permanent Address :- _____

Taluka:- _____, District :- _____, Pin Code : _____

Tel. Nos. (off.) _____ (Resi.) _____ Cell:- _____

Email:- _____

Native Place Address :- _____

Taluka:- _____, District :- _____, Pin Code : _____

Telephone Numbers :- _____

Place of Birth :- _____

I hereby declare that I am duly qualified and desirous of being admitted as an Advocate on the Roll of Advocates maintained by the Bar Council of Maharashtra & Goa, and apply for the same.

1. I hereby declare that I am a Citizen of **INDIA** .
2. I hereby declare that I have completed twenty-one years of age, my date of birth is _____ [Enclose attested School Leaving / S.S.C. Certificate / Birth Certificate / Passport etc.]
3. I declare that upon admission I propose to practise within State of Maharashtra, Goa and Union Territory of Daman, Diu, Dadra & Nagar Haveli in particular.
4. I have passed my Graduation in Law and I am qualified to be admitted as an advocate on the State Roll under clause (c) of sub Section (1) or sub-Section (2) or sub-section (3) of section 24 of the Advocates Act, 1961 (No. 25 of 1961).

5. I furnish the details under Section 24 (1) (c) as follows :-

- (i) Name of the University in which _____
the degree in law is obtained.
(See no 2 & 3 of 'Instructions').
- (ii) The name of the degree in Law _____
[enclosing attested photo copy of Convocation degree certificate is compulsory. If it
is not available, attach attested photo copy of passing certificate or statement of
marks.]
- (iii) The academic year in which the Degree
in Law is obtained. _____
- (iv) Name of the College where the
Law Course was completed. _____
- (v) Whether the degree was taken by private
study or by regular attendance at classes? _____
- (vi) Whether applicant has passed Degree of
Law from the foreign university, if yes
details thereof. _____
- (vii) Academic years in which the three years/
five years course in law is obtained.
- i) From _____ to _____
- ii) From _____ to _____
- iii) From _____ to _____
- iv) From _____ to _____
- v) From _____ to _____
- (viii) Other Particulars, if any, regarding the qualification
viz, XII, B.A., B.Sc., B.Com etc. [attach attested
photo copy of the same] obtained before
joining the course of instruction in law.
[also see no. 2 & 3 of Instruction] _____
- (ix) Other academic qualifications if any,
equivalent to a degree as prescribed by
the Bar Council of India under section 24
(1) (c) (iii) (iv) of the Advocates Act, 1961. _____

6. Are you presently in any full or part-time employment, service, trade, business or profession ? If yes, give details (The applicant may note that if he/she is in employment, trade, business or profession, he/she will not be enrolled as an advocate).

7. Are you more than 26 years old ? **Yes / No**

(If you are more than 26 years old, and have not served anywhere or engaged in any trade, business or profession you will have to file an affidavit stating therein as to what you were doing since passing S. S. C. examination and how you maintained yourself till today.)

8. If you were working previously or engaged in any trade, business or profession and have discontinued the same now, give the reasons whether it was due to retirement, resignation, dismissal etc. [Attach relevant documents like attested photo copy of relieving letter, dismissal order etc.]

9. I declare that I have not made any previous application for enrolment as an Advocate or as a legal practitioner of any other category to any State Bar Council or any other authority in India or in any other country for being enrolled as a legal practitioner/or an Advocate.

10. I declare that I had previously made an application for admission as an Advocate or as a legal practitioner to on The result of that application was

- | | | | |
|---------|--|--|---|
| 11. (i) | I hereby pay Rs. 5800/- by D. D. / in favour of "Bar Council of Maharashtra & Goa", payable at Mumbai. | (Including enrolment fee, enrolment certificate charges, Administrative charges, Identity card charges , Service charges & Enrollment Form charges). | } Applicable only for General Category |
| (ii) | I also hereby pay Rs. 150/- by D. D. in favour of "Bar Council of India" payable at Mumbai. | (towards fees as per the provisions of proviso to Section 24 (1) (f) of the Advocates Act, 1961) | |

- | | | | |
|---------|--|--|--|
| 12. (i) | I hereby pay Rs. 5300/- by D. D. in favour of the "Bar Council of Maharashtra & Goa", payable at Mumbai. | (including enrolment fee, enrolment certificate charges, Administrative charges, Identity Card charges , Service Charges & Enrollment Form charges). | } Applicable only to SC/ST Candidates (Enclose attested copy of cast certificate) |
| (ii) | I also hereby pay Rs. 25/- by D. D. in favour of the "Bar Council of India" payable at Mumbai. | (towards fees as per the provisions of proviso to Section 24 (1) (f) of the Advocates Act, 1961). | |

13. **only applicable for outside Maharashtra & Goa Degree**

- | | | |
|-----|--|--|
| (i) | I hereby pay Rs. 750/- D. D. in favour of the "Bar Council of Maharashtra & Goa", payable at Mumbai. | (Degree Verification charges for each Degree) |
|-----|--|--|

(PAYMENT SHOULD BE MADE ONLY BY D.D. AND NOT BY CASH OR CHEQUE)

1 Certificate of good moral Character

The Advocate issuing this certificate should not be related to the applicant and should not be a Member of the Bar Council

Note : *This Certificate should preferably be given by an Advocate having more than 10 years practice and he should be on the roll of the Bar Council of Maharashtra & Goa. He should have known the applicant for more than 2 years.*

I, _____(Name)

residing at _____

certify that (Name of the Applicant) _____

is known to me personally for more than _____ years.

I believe him/her to be a person of integrity and fit to be admitted as an Advocate on the Roll of the Bar Council of Maharashtra & Goa.

Dated this _____ day of _____ 200

Signature _____

Registration Number MAH/ _____

Date of enrolment : _____

2 Certificate of good moral Character

The Advocate issuing this certificate should not be related to the applicant and should not be a Member of the Bar Council.

Note : *This Certificate should preferably be given by an Advocate having more than 10 years practice and he should be on the roll of the Bar Council of Maharashtra & Goa. He should have known the applicant for more than 2 years.*

I, _____(Name)

residing at _____

certify that (Name of Applicant) _____

is known to me personally for more than _____ years.

I believe him/her to be a person of integrity and fit to be admitted as an Advocate on the Roll of the Bar Council of Maharashtra & Goa.

Dated this _____ day of _____ 200

Signature _____

Registration Number MAH/ _____

Date of enrolment : _____

UNDERTAKING

- (a) I HEREBY UNDERTAKE that if after my admission as an advocate, I accept full or part-time service or I am engaged in any trade, business or profession (Unless exempted by the Bar Council under its Rules) I shall forthwith inform the Bar Council to put my name in the non-practising advocates list for suspension of my sanad, and I will also surrender my identity card and sanad to the Bar Council Office immediately.
- (b) I HEREBY UNDERTAKE that I shall not accept any employment which, in the opinion of the Bar Council, is derogatory to the status of an Advocate.
- (c) I HEREBY DECLARE & UNDERTAKE that -
- (i) I shall uphold the Constitution of India and the Laws.
 - (ii) I shall faithfully discharge every obligation cast on me by the Advocates Act, 1961 and the Rules framed thereunder :
 - (iii) I shall inform the Bar Council of any change of address of my residence or place of practice for the proper maintenance of the Roll and Voter's List.
 - (iv) I HEREBY UNDERTAKE that if I fail to inform any change in my profession or I fail to inform about change in my name & address within 15 days from the aforesaid change the Bar Council is at liberty to take suitable action against me.
 - (v) I HEREBY UNDERTAKE that I shall produce my attested LL. B. Convocation certificate within six months from the date of my enrolment as an Advocate.
 - (vi) I have no objection if my B.A. / B.Com / B. Sc. etc. degree is not shown on the enrolment certificate till I produce the attested copy of convocation certificate of the same.
 - (vii) I UNDERTAKE to furnish such other particulars as may be required of me for the purpose of this application.
- I undertake that if the above is not followed by me, the Bar Council can take action against me.
- (viii) I declare that I had no previous conviction of any kind by any court. (if there is any conviction or adjudication, particulars thereof should be furnished).
 - (ix) I declare that I am not being adjudged insolvent by any court.
 - (X) I declare that I am not suffering from any contagious disease and nor have I suffered from any contagious disease within a period of one year prior to my application.
- (In the event of an applicant stating that he is suffering from any contagious disease or he has suffered from any contagious disease within a period of one year, he shall attach a medical certificate for the same).
- (xi) I hereby declare that if admitted as an Advocate, I will faithfully observe and abide by all the rules, made by the Bar Council of Maharashtra & Goa & the Bar Council of India as amended from time to time for regulating the conduct of Advocates on the State Roll, a copy of which is furnished to me and I have read the same.
 - (xii) I declare that the statements made in this application are true to my personal knowledge, information and belief.

Place: _____

Date : _____

Signature _____

OFFICE USE

Application received by _____

Date of Application _____

Application Scrutinized by _____

Date of Scrutiny _____

Defects Notified by _____

Date of Defects Notified _____

Details of Defects

1. _____
2. _____
3. _____
4. _____
5. _____

Defects removed on _____

Defects Cleared by _____

**Date of Meeting of
Enrollment Committee** _____

Enrolled on _____

**Letter of enrollment
issued on.** _____

Sanad issued on _____

Secretary

Note:-

Office has to process application within fifteen days from the date of receipt of application and defects are to be notified within fifteen days to enable applicants to remove defects within fourteen days thereafter.

R.No : _____

Date: _____

Amount : _____

FORM UNDER RULE 40 BAR COUNCIL OF INDIA RULES
ADVOCTES WELFARE SCHEME

To:

Bar Council of Maharashtra & Goa
2nd Floor, High Court Extension,
Fort, Mumbai- 400 032.

Dear Sirs,

1. I am enclosing herewith Demand Draft/ Cash in favour of " BAR COUNCIL OF INDIA ADVOCATES WELFARE FUND", Payable at Mumbai being the payment under rule 40, Chapter II, Part VI of the Rules of the Bar Council of India.
2. I have applied for enrollment as an Advocate on the Rolls of your State Bar Council.
3. I am wish to practice at _____ Taluka / District

4. My Permanent Address is : _____

Tel:- _____

Email: _____

(Your address on the enrolment form should match this address)

5. My Date of Birth is :- _____

Place of Birth - _____

6. I Undertake to inform the change in address, if any, from time to time.

Affix Stamp
Size Photograph
Here in Formal
Dress

Signature : _____

Name (IN BLOCK LETTERS): _____

Place:- _____

Date:- _____

OFFICE USE

ENROLLED ON : _____

ENROLMENT NUMBER : _____

ADMITTED IN SCHEME ON : _____

Verified by _____

Secretary.

MEMBERSHIP FORM FOR MAHARASHTRA ADVOCATE WELFARE FUND

Tel:- 2267 5450.

Affix
Stamp Size
Photograph
here in Formal
Dress

To,
The Secretary,
Bar Council of Maharashtra & Goa,
High Court Extension, Fort,
Mumbai- 400 032.

Sir/ Madam,

I have submitted my application for enrollment as an Advocate on the Roll of Bar Council of Maharashtra & Goa.

I wish to apply for Membership of Maharashtra Advocates Welfare Fund, a welfare scheme, which is voluntary scheme, under Maharashtra Advocates Welfare Fund Act 1981 and I am enclosing herewith Demand Draft/ Cash of Rs. _____ in favour of "**Maharashtra Advocates Welfare Fund**", drawn on Bank _____ at Mumbai. I am aware that the said scheme is optional and voluntary.

My Permanent Address is : _____

Taluka:-_____, District:_____ Tel.Nos.(Off.)_____ (Res.)_____, Cell:-_____ Email:_____.

and I intend to practice law at _____ I undertake to become member of Bar Association of _____ which is affiliated to Bar Council under Section 16 of the Maharashtra Welfare Fund Act 1981.

I undertake inform any change in address if any and I under take to pay all the dues towards the Fund.

Thank You,

Place:-

Date:-

Yours faithfully

OFFICE USE

ENROLLED ON : _____

ENROLMENT NUMBER : _____

ADMITTED IN SCHEME ON : _____

Verified by _____

Secretary.