Bar Council of Punjah & Haryana

Law Bhawan, Dakshin Marg, Sector 37-A, Chandigarh - 160036

Ref No. 4471/2023

Dated.

Dated 13.10.2023

To,

The Secretary

District Taxation Bar Association, Faridabad (Haryana)

Subject:-

Strict Implementation of Rule the "Bar Council of India Certificate of Place and (Verification) Rules, 2015"

Respected Sir/Madam,

As you are well aware that Bar Council of India has framed the rules 2015 called Bar Council of India Certificate of Place and Practice (Verification) Rules 2015 Copy of the same has already been sent to your Bar Association and website of Bar Council Punjab and Haryana.

The purpose and object of the aforesaid rules is to curtail the control of such persons enrolled as lawyers in the affairs of the Bar Association who are not practicing. It is further aimed at to make enquiry to indentify and find out those persons enrolled as lawyers but are not holding genuine B.A. LL.B/LL.B Degree.

The rules of the Bar Council of India require that enrolled advocate to file prescribed verification form and alongwith, it attached self attested copy of graduation and BA LL.B/LL.B degree.

The Bar Council is required to maintain records regarding practicing and non-practicing advocate which would be based on the data of filling of the verification forms. The Hon'ble Member of the Bar who would fail to file the verification form with the prescribed fee to the Bar Council your name would be included in the list of non-Practicing Advocates. Needless to say that only those advocate whose name would find place in the list of practicing advocates would be entitled to cast their votes in the elections of the Bar Association as well as the Bar Council. The exercise being undertaken by the Bar Council would also enable it to update the list of

advocates and delete the names of those who are no more alive and/or have left the practice or joined any other business, professional or service.

It may be noted here that in Contempt Petition No.622/2023 in T.C. © No.126/2015 titled Charanjeet Chanderpal, Advocate Supreme Court, St. Standing Counsel to Department of Income Tax Govt. of India Versus Election Tribunal-1, Presided over by Retd. Justice V.K. Gupta Appoined as Election Tribunal for TH & ORS. And other connected cases, an order has been passed by the Hon'ble Supreme Court of India dated 10.04.2023, the relevant portion has been reproduced as under:-

Kind cooperation of respected Member of the Bar is requested in sending the verification form who have not submitted the same so far alongwith the requisite BA LL.B/LL.B degree and fee. Those Hon'ble members who have already filed verification form but have attached the photo copy of the provisional degree of law are required to send the copy of BA LL.B/LL.B Degree of Law. As it was undertaken to be supplied at the time of enrolment the university concerned are also require the same for verification purpose.

The State Bar Council is in receipt of communication from Bar Council of India to implement the said Rules in letter and spirit within shortest time possible. It will be in the interest of every individual advocate enrolled with the Bar Council to fill up the prescribed performa which may by downloaded from the officials website i.e. www.bcph.co.in and Deposit alongwith fee Rs. 350/- (Rupees Three Hundred fifty only) by way of Bank Demand draft in favour of Bar Council of Punjab and Haryana Payable at Chandigarh or through UPI to the Bar Council at the earliest.

You are requested to send above mention documents within 15 days from the date of receipt, failing which your name may be reconsider by the Administrative Committee for deletion from the Roll of Advocates.

Verification form enclosed herewith.

Hon'y Secretary

Sr.	N	o.	*.		**	·.	ŭ.	i a		* 1	 		 	
Da	te	d:		**		**		•				 *	 	

FORM - A & FORM - F

(For advocates & Advocate on Records)

APPLICATION FOR ISSUANCE OF CERTIFICATE OF PRACTICE

	(see Rule 8.3 of the BCI Certifica	te and Practice (Verification) Rules, 2015)
To,		
	The Secretary,	, Please affix
	Bar Council of Punjab & Haryana	passport size
	Law Bhawan,	photograph
	Sector 37-A, Chandigarh	of advocate.
	Pin code: 160036	
Subject		
Jubject	Application for issuance of Cel	rtificate of Practice (P///).
Sir,		마음 가 하면 말로 하면 하를 보고 되었다. 그리는 것이 없는 것이다. 마음 등 내지 마음을 들어 있는 것 중요하는 것 같아 말로 들어 있다.
hereby Practice	y apply to the Bar Council of Punjab & F e.	Haryana, Chandigarh for issuance of Certificate of
My full	particulars are as follows: -	
	Enrollment Number on the Roll:	P/
	2. Date of Enrollment:	
	3. Name of the Advocate:	,
	4. Father's Name:	(as given in the Enrollment Certificate)
	5. Present Residential Address:	
	Name of the Institution & University of the School/Board/College/University	ty from where the advocate has done his/her (Name
	I. Matriculation / 10 th	ersity & the real of Passing) –
	II. Graduation	
	III. LE.B.	
	(attested c	copies of the educational qualification to be attache

^{4.} form A & F made common vide resolution No. 305/2015 dated 5/12/2015

^{5.} Amended vide resolution No. 190/2015 dated 9/8/2015

7.	Office Address with Telephone No.
	Mobile No., Email / website
8.	Place of Practice:
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 enrollment, has joined any Government/ Semi-Government or Private Service or any other kind of service, if so full particulars along with attested copies 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 instruments like Partnership Deed, MOU, Agreements etc.:
14.	Whether the applicant, after enrolment, has incurred any disqualification as mentioned in Section 24-A of the Advocates Act 1961, if so certified copy of judgement/order be attached:
15.	Whether applicant, at present is facing any disciplinary or criminal or contempt proceedings/convicted in any criminal or other proceedings or not, if so, full particulars along with attested copies be given:
16.	Delay, if any, in submitting the application form, reasons to be given:

FORM - A

COLUMN - II

(See rule 8.4 of the BCI Certificate and Place of Practice (Verification) Rules, 2015)

****	aged s/o or d/o or w/o
th	e roll of the Bar Council of Punjab and Haryana vide certificate of enrollment dated
1.	That, after having obtained Certificate of Enrollment from the Bar Council of Punjab and Haryana under Section 22 of the Advocates Act, 1961, I have not left practice in law.
2.	That, I usually practice at and I intend to cast my vote: -
	In the elections of the State Bar Council at 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 members of any Bar Association.
3.	That since my enrollment as an advocate, I have not switched over to any other profession/services/business and that thereafter, I am doing practice in law.
Dat	ed: Full signatures of the Declarant - Advocate

17. Process fee/Late Fee/Penalty; Rs. 350/- (Rupees three hundred fifty only) by way of Bank Draft in favour of "Bar Council of Punjab & Haryana" payable at Chandigarh or QR CODE



BAR COUNCIL OF PUNJAB AND HARYANA ADMINISTRATIVE

UTR No.	
Dated	
Receipt N	[o.
Dated	

nation to	AVIVIINIS I DA I VE	
TABLE TO THE TABLE	barco985552@barodampay	
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:	
21.	Whether the advocate intends to become the Member of the Bar Association in future	(Put a 'X'
	mark):YesNo	
	I verify that the information/particulars furnished by me are true and correct to the	best of my
knowl	ledge and nothing has been kept concealed therein. I am also submitting herewith Colun	nn-II and III
of this	s Form-A.	
Date:	Full Signature of the Advoca	
Note:	One additional passport size photograph is attached/sent herewith.	

FORM - A

COLUMN - III (Certification)

(See rule 8.4 of the BCI Certificate and Place of Practice (Verification) Rules, 2015)

This is to	o certify that Shri/Mr /Mrs /Ms				
Advoca	te s/o, w/o, d/o	is a bona			
fide me	mber of the Bar, practicing usually at	is a police			
law sind	e joining this Bar from the year	Association, if any) and he/she has been practicing and has not left such practice and I further er in the accompanying application are correct to my			
Date:					
	l Signature with name of	Full Signature with name of			
	Authorized Member	of President/Secretary			
Bar C	Council of Punjab & Haryana	Bar Association (with seal)			
N.B	In this certification, the declaration should contain/attach the certified copies least 5 Vakalatnamas or any other document/cause list establishing that the annual has been in practice for the last 5 years.				
	he/she shall furnish a certificate to	some with some Registered Law or Solicitor Firm, that effect from the authorized officer of concerned candidate/advocate has served the firm and nature			
	If the lawyer is a conveyancing law 3 years to support his/her claim th	yer, he shall furnish 5 (five) such documents for last at he/she is conveyancing practice lawyer. ³			

³ Inserted vide resolution no. 305/2015 dated 5/12/2015

FORM - B (for office use only)

Bar Council of Punjab and Haryana

Passport size photograph of the advocate

Certificate of Practice

(issued under BCI Certificate and Place of Practice (Verification) Rules, 2015)

C.O.P. NO of	
This is to certify that Shri/Mr./Mrs./Ms	
	resident of
	PS dated
	ar Council of Punjab and Haryana, Chandigarh
His Enrollment Number is	dated
and his/her normal place of practice is	
(1	ection of Bar Council of Punjab and Haryana at Place) and in the elections of Bar Association of . (Name and Place of Bar Association, if
This certificate of practice is valid for a period	of 5 years from the date of its issuance.
Date:	Chairman/Vice-Chairman Authorized signatory (Seal of the State Bar Council)

FORM - C

APPLICATION FOR RESUMPTION OF CERTIFICATE OF PRACTICE

(See Rule 28.2 of the BCI Certificate and Place of Practice (Verification) Rules, 2015)

To,			
The Secretary, Bar Council of	Passport size Photograph of the Advocate		
িib.: Application for resumption of Certificate of Pra	ctice (P//),		
I hereby apply to the(Name of for issuance of Certificate of Practice.	f the State Bar Council)		
My full particulars are as follows:			
1. Enrolment number on the Roll:	***************************************		
2. Date of Enrolment:	· 在 2		
3. Name of the Advocate:	***************************************		
(As ⊚iven in the Enrolment Certricate)			
4. Fatro: 's Name :	***** ***********************		
5. Present Residential Address:			
	, wakan kan kan kan kan kan kan kan kan kan		

6. Name of the Institution & University from w done his			
I. Graduation	Year		
ii. LLB	Year		
7. Office Address with Telephone No.:	化水水 经股份 医克里斯氏试验检尿病 医皮肤 医皮肤 医皮肤 经股份股份 医克里斯氏试验 化水油		
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Mobile No./Email/Website	*************************		
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8. F	Place of Practice :
(As given in the Application Form for Enrolment):
9. F	Present Place of Practice :
10. C	Date of Birth:
11.1,	That in the changed circumstances, I intend to resume law practice.
11.2	That after enrolment I have not suffered and incurred any
	disqualifications mentioned in Section 24-A of the Advocates Act.
	Particulars of the Certificate of Practice issued to the application if any:
ŧ	. Whether issued under AIBE Rules, if so, its number and date
	o. Whether issued by the State Bar Council under these rules, if so, its number and date (self attested photo copies of the Certificate of Practice to be annexed with this application).
	the list of "Non-Practicing Advocate"
	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:
	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.:
	Whether the applicant, after enrolment, has incurred any disqualification as mentioned in Section 24-A of the Act, if so certified copy of judgement/order be attached:

FORM - D

Bar Council of

IDENTITY CARD

Passport size Photograph of the Advocate

ž * .	Vaiu IIV: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
1.	Name
	Father's Name
	Enrolment No., Year & Date
	Address
	######################################
	RATES CONTRACTOR SERVICES SERV
	Email Id
	Telephone/Mobile No
5.	Normal Place of Practice
	Date of expiry of I-Card
	Place where Advocate is entitled to vote in the elections of State Bar
	Council
	「「「「「「」」」」」「「」」」「「」」」「「」」」「「」」」「「」」」「
8.	Place/Name of Bar Association (if any) where Advocate is entitled to
	vote in election of Bar Association

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Date:

Chairman/Vice-Chairman
Authorized Signatory
(Seal of the State Bar Council)

'16.	Whether applicant, at present, is facing any disciplinary or crimina or contempt proceedings/convicted in any criminal proceedings or not, if so, particulars be given:
17.	Delay, If any, in submitting application form, reasons to be given:

18.	Verification fee/Late Fee/Penalty
	Rsby way of Demand Draft No
	DateAccoun Payee Cheque No
	Dated or Cash Paid to
	On
19.	Place where the Advocate intends to cast his vote:
	i. In Bar Association Flections
	ii. In Bar Association Elections
	Name of the Bar Association
	Place
	(This clause shall not apply to an advocate who does not intend to
	be a member of any Bar Association,
	Any other information applicant wants to submit about his distinctions.
vei	ify that the information / particulars furnished by me are true and
orr cond	ect to the best of my knowledge and nothing has been kept cealed therein. I bona-fide intend to resume Law practice.
) ate	ikan kanan di kanan di kanan di Karan di Karan Kanan di Karan di Ka

Full signature of the Advocate