

HIGH COURT OF JAMMU AND KASHMIR AT SRINAGAR

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NOTIFICATION

No: 512

Dated: 21.07.2016

The names of the Advocates practicing in the different courts of the State of Jammu & Kashmir have been uploaded on the official website of High Court of Jammu & Kashmir. All the Learned Advocates whose names have been uploaded on the above web address are requested to fill up the forms attached to this communication. This is necessitated in view of the judgement dated 10-5-2016 of the Hon'ble Supreme Court delivered in the case of Ajayinder Sangwan versus Bar Council of Delhi & Ors. I.A 1/2015 in Transfer Case (Civil) No(s).126/2015, the relevant excerpts of which are as under:-

..... It appears that the Bar Council of India has taken steps to cause an enquiry and to find out fake lawyers out of its members and/or persons who are not even members of the Bar Councils and/or members of any Bar Association of the country in accordance with the provisions of the Advocates Act, 1961 and the Rules framed there under and has sought reply from the concerned State Bar Councils in this regard.

We direct all the State Bar Councils to take necessary steps and to conclude all proceedings by 30.06.2016 and send a reply to the Bar Council of India. Thereafter, the Bar Council of India, after receiving all the replies from the State Bar Councils, would file a status report in the matter as to what steps they have taken in this regard before the next date of hearing.

We, hereby, authorize the Bar Council of India to notify all the State Bar Councils by way of publication in leading Newspapers, that they must take all steps to complete the process before 30.06.2016.

All State Bar Councils would cooperate with the Bar Council of India. Let the matters be posted for hearing in the first week of July, 2016.

It is pertinent to mention here that Assistant Secretary, Bar Council of India, New Delhi has also forwarded copy of the letter No.BCI:D:2161.2016 to this office, the relevant portion of which is given below:-

.....The Advocates practicing in your State who have produced their educational certificates and claim to have passed their matriculation, Graduation or L.L.B from some other States, are to be taken care of cautiously. The verification of their certificates is to be done very carefully, fairly and cautiously. We have been informed that several thousands of Advocates are practicing/have got enrolled by producing fake & forged certificates process from some other States. This needs an impartial verification. The involvement of some of the staff (or even of some members) of the State Bar Councils cannot be ruled out in helping such fake enrolments. This is the reason that Bar Council of India has decided to constitute Monitoring Committees headed by Hon'ble Judges of the High Courts of other states.

Contd...2...

All the concerned Advocates are directed to submit their forms complete in all respects before Principal District & Sessions Judge concerned and Registrar Judicial High Court Wing Srinagar/Jammu respectively within 15 days from the publication of this notification.

By Order


(M.K. Hanjura)
Registrar General

No: 15254-307 / LP Dated: 21.07.2016 21/7

Copy forwarded to the: -

1. Secretary to Hon'ble The Chief Justice, High Court of J&K at Srinagar for information of His Lordship.
2. Secretary to Hon'ble Mr. Justice Mohammad Yaqoob Mir
3. Secretary to Hon'ble Mr. Justice Muzaffar Hussain Attar
(Hon'ble Enrolment Committee)
..... for information of their Lordships.
4. Registrar, Judicial High Court Wing Srinagar / Jammu
5. All Principal District and Sessions Judges, _____
..... for information and with the request to display the same in the High Court/Court premises on various places for information of all the concerned.
6. Secretary, Bar Council of India, New Delhi.
7. President Bar Association _____ for information and necessary action.
8. Director Information, J&K Srinagar
..... with the request to get the notification published in two English Daily Newspapers having wide circulation in Jammu and Kashmir State
9. Manager, Government Press, Srinagar/Jammu for publication in the next issue of Government Gazette.
- ✓ 10. In-Charge N.I.C High Court of J&K, Srinagar for uploading on the website.


(Mohammad Yasin Beigh)
Joint Registrar(Admn)


21/7

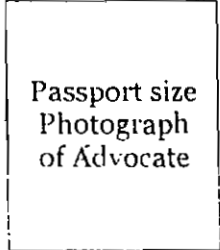
Form - A

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 _____



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 _____ / Account Payee Cheque No. _____
Dated _____ or Cash.
Paid to _____ 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:

**Full Signature of the
Advocate**

Note: - One additional passport size photograph is attached/sent herewith.

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 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.

Form - B
(for use of office only)

Bar Council of _____

Certificate of Practice
[issued under B. C. I. Certificate and Place of Practice
(Verification) Rules, 2015]

Scanned
Photograph
of Advocate
with the seal
of Bar
Council

C. O. P. No. _____ of _____

This is to certify that Shri/Mr./Mrs./Ms. _____
S/o, W/o, D/o _____

R/o _____ PS _____

dated _____ is an advocate enrolled in the Bar Council of _____
His enrolment number is _____
dated _____ and his normal place of practice is _____.

He is entitled to cast his vote for the election of Bar Council of _____ at
_____ (Place) and in the elections of Bar Association of _____
_____ (name & place of Bar Association, if applicable).

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)
(Full Signature)

Form – C

Application for resumption of certificate of practice

[See Rule 28.2 of B. C. I. Certificate and Place of Practice (Verification) Rules, 2015]

To,

The Secretary,
Bar Council of _____

Sub.: Application for resumption of Certificate of Practice (____/____/____)

Sir,

I hereby apply to the _____ (name of the State Bar Council) for resumption 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 _____
- 11.1. That in the changed circumstances, I intend to resume law practice
- 11.2. That after enrolment I have not suffered and incurred any disqualification s mentioned in Section 24-A of the Advocates Act.
12. Particulars of the Certificate of Practice issued to the application if any
 - a. Whether issued under AIBE Rules, if so, its number and date _____
 - b. 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) _____
 - c. Particulars of the notification, whereby the applicant was put in the list of "Non-Practicing Advocate" _____
13. 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 _____
14. 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. _____
15. 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 _____
16. Whether applicant, at present, is facing any disciplinary proceedings/convicted in any Criminal Proceedings or not, if so, particulars be given. _____
17. Delay, in submitting the application form, reasons to be given _____

18. Verification fee/Late fee/Penalty

₹ _____ by way of Demand Draft No. _____
Date _____ / Account Payee Cheque No. _____
Dated _____ or Cash ₹ _____

19. Any other information, applicant wants to submit about his distinctions

20. Place where Advocate intends to cast his vote in the elections of Bar Council

21. Place/Name of Bar Association (if any) where the advocate intends to cast his vote

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 bona-fide intend to resume Law practice.

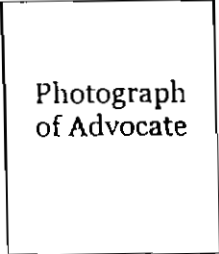
Date:

**Signature of the
Advocate**

Form – D

Bar Council of _____

Identity Card



I. Card No. _____

1. Name _____
2. Father's Name _____
3. Enrolment No., Year & date _____
4. Address _____

Email ID _____
Telephone/Mobile No. _____
5. Normal Place of Practice _____
6. Date of expiry of I-Card _____
7. Place where Advocate is entitled to vote in elections of State Bar Council

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

Date:

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

FORM E

**FOR SENIOR ADVOCATES & ADVOCATES ON RECORD IN SUPREME
COURT OF INDIA**

(See Rule 5(a) of the Bar Council of India Certificate and Place of Practice
(Verification), Rules 2015)

To,

The Secretary,
Bar Council of -----

photograph

Name: _____

Father's Name _____

Enrolment No. and Date _____

Email Id: _____

Place where the Sr. Advocate/AOR intends to cast his vote in the elections of State
Bar Council: _____

Name/Place of Bar Association where the Senior Advocate/A.O.R. casts his
vote: _____

Signature
Designation & Seal of the authorized
signatory of S.C.B.A./A.O.R. Association

Signature of Senior Advocate/
A.O.R.

Date: _____