

HIGH COURT OF JAMMU & KASHMIR AND LADAKH
(Office of the Registrar Judicial, Srinagar)



CIRCULAR

No:- 452/RJS

Dated:- 16-12-2024

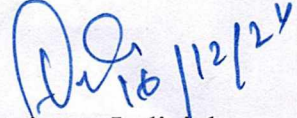
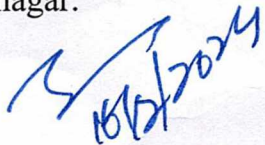
It is hereby notified for the information of all the Advocates enrolled with the Bar Council of Jammu and Kashmir that in tune with direction obtaining in the Notification No. 3041 of 2024 RG/LP dated 12-12-2024, issued from the office of the Worthy Registrar General, they shall submit their Verification Forms afresh in terms of Certificate and Place of Practice (Verification) Rules, 2015, along with the self attested copies of the Certificate of Enrolment, Education Qualification Certificates comprising of Matriculation/ Date of Birth Certificate (Secondary School), 10+2 (Senior Secondary), Graduation, if applicable, L.L.B/B.A LLB Degree and two demand drafts each for Rs.100/- (Total Rs. 200) in favour of the Secretary, Bar Council of Jammu and Kashmir, before this Registry and handover the same to Shri Uzair Nazir, Senior System Officer (NIC) by or before 31-12-2024.

NO. 20375-77
DL 16/12/2024


Registrar Judicial,
Srinagar.


Copy to:

1. Worthy Registrar General, High Court of Jammu & Kashmir and Ladakh, Jammu, for information.
2. Shri Uzair Nazir, SSO, with the direction to receive the verification forms along with all the requisite documents from the concerned Advocates within the stipulated time frame.


Registrar Judicial,
Srinagar.


HIGH COURT OF JAMMU & KASHMIR AND LADAKH

(Exercising powers of Bar Council under Section 58 of the Advocates Act, 1961)

(Office of the Registrar General at Jammu)

Subject:- Judgment dated 10.04.2023 passed by Hon'ble Supreme Court in Writ Petition (Civil) No.82/2023 titled Ajay Shankar Srivastava Vs. Bar Council of India & Anr for implementation of Certificate and Place of Practice (Verification) Rules-2015. c/w Transferred Case (Civil) No 126 of 2015 Titled Ajayinder Sangwan Vs. Bar Council of India & Ors.

NOTIFICATION

No: 3041 of 2024 RG/LP

Dated: 12-12-2024

In continuation to the High Court of Jammu & Kashmir and Ladakh Notification No. 2807/RG/LP dated 20.11.2024, it is hereby notified that:

"All the advocates enrolled on the Roll of Bar Council of Jammu and Kashmir are hereby directed to submit afresh Verification Forms in terms of Certificate and Place of Practice (Verification) Rules, 2015, along with self attested copies of Certificate of Enrolment, Educational qualification certificates comprising of Matriculation/ Date of Birth Certificate (Secondary School), 10+2 (Senior Secondary School), Graduation, if applicable, LL.B/BA LLB Degree and two Demand Drafts each for Rs. 100/- (total Rs. 200) in favour of Secretary, Bar Council of Jammu and Kashmir before the concerned Principal District and Sessions Judge and Registrar Judicial High Court Wing Jammu/Srinagar respectively by or before 31.12.2024".

Note:

- i) **Applications complete in all respects shall only be entertained.**
- ii) **Concerned Registrar Judicials' and Principal District & Sessions Judge's shall forward the consolidated data as per Annexure-A in Excel Format on e-mail address: lpsection31@gmail.com.**

By Order

(Shahzad Azeem)
Registrar General

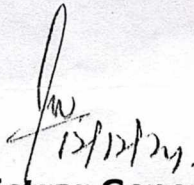
No: 55511-61/RG/LP

Dated: 12-12-2024

Copy forwarded to the: -

1. Principal Secretary to Hon'ble the Chief Justice, High Court of J&K and Ladakh
2. Secretary to Hon'ble Mr. Justice _____
..... for information of His/Her Lordship.

3. Registrar Judicial High Court Wing Srinagar/Jammu for information and necessary action & with request to display the same on the Notice Board for information of all concerned and furnish the requisite information to this office in consolidated data on prescribed format in Excel Format.
4. All Principal District and Sessions Judges, UT of J&K and UT of Ladakh for information and necessary action with request to display the same on the Notice Board in the District Court Premises and Courts under their jurisdiction for information of all the concerned and furnish the requisite information to this office in consolidated data on prescribed format in Excel Format.
5. Registrar Central Administrative Tribunal/Special Administrative Tribunal, Srinagar/Jammu
6. Secretary, Bar Council of India, New Delhi.
7. President, High Court Bar Association Jammu/Srinagar
.....for information and necessary action.
8. President District Bar Association _____
.....for information and necessary action.
9. Director Information, J&K Jammu/Srinagar with the request to get the notification published in two Daily Newspapers Greater Kashmir/Excelsior & daily Newspaper having wide circulation in U.T of Ladakh.
10. Manager, Government Press, Jammu for publication in the next issue of Government Gazette.
11. CPC, High Court of J&K and Ladakh, Jammu for uploading on the official website.
12. In-Charge Library, High Court of J&K and Ladakh, Jammu/Srinagar for information and keeping record of the same.
13. Office file.


(Registrar General)

Annexure-A

1	2	3	4	5	6	7	8		9			10			11			12			13	14	15	16
									Matric			10+2			Graduation			LLB/BA. LLB						
S No	Name of the advocate with /Parentage/ Address (Permanent/Pre sent)	Mobile No/Email	Date of Birth	Gender	Enrollment No. Dated	Absolute/ Dated Provisional Valid upto	Place of Practice	Name of Bar Association of which the applicant is a member	Year of Passing	Roll No	Name of Board	Year of Passing	Roll No	Name of Board	Year of Passing	Roll No	Name of University	Year of Passing	Roll No	Name of University	Whether applicant after enrollment joined any Govt. or Semi-Govt/Private Service, if so, full particulars thereof	Whether applicant after enrollment joined any business as a full partner/ sleeping partner , if so, full particulars thereof	Whether applicant, after enrollment has incurred any disqualification under section 24(A) of the Advocates' Act, if so, certified copy of the judgment/order be attached	Whether applicant a present i facing an disciplinary proceedings/ onvicted in any crimina proceedings or not, if so particulars be given

(Name of Authority)
Seal & Signature

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 _____

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 _____ / 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 - D

Bar Council of _____

Photograph
of Advocate

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

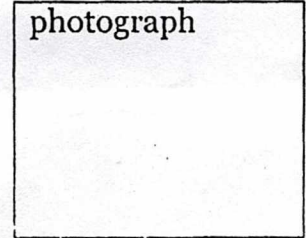
**FOR SENIOR ADVOCATES & ADVOCATES ON RECORD IN SUPREME
COURT OF INDIA**

(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: _____