**AMAN WELFARE AND LEGAL AID FOUNDATION**

*An Initiative of Free Legal Aid Service by the Jurist Falcon Office, New Delhi- 110025*



APPLICATION FOR EMPANELMENT AS LEGAL AID COUNSEL

STATE- JHARKHAND

(Note to be filled by hand)

Website :- www. amanwelfarefoundation.com,

Telephone no. 011-41060913, Whatsapp no. :- +91 7011589636

Email :- amanwelfarefoundation917@gmail.com

**Application No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For Office Use)**

1. Applicant’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s / Husband’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Age (as on 30.11. 2023) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Gender : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Residential Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Block:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Station:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dist:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin Code:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Chamber/Office Address: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. (R) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Educational Qualifications:

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Name of | Year of Passing | Pass% (Aggregate) |

Board/University

Intermediate

Professional

Degree(LLB)/B.A.LL.B

Post Graduation

(LL.M)

1. Date of Enrolment as an Advocate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Enrolment No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach an attested copy of enrolment certificate)

11. Practice Experience (Duration of actual practice for which applied): \_\_\_\_\_\_\_\_\_\_\_

* 1. Total No. of cases handled :
	2. Nature of cases handled :
1. Specify whether earlier remained on the panel of the Company or any other Institution/Government Department (please tick in the concerned column)

Yes

No

13. Whether any disciplinary case/complaint was against the applicant with any Bar Council/JHALSA?

Yes

No

No

**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 have not submitted any other application for empanelment, besides the present one.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature