

Office : 2545066
Secy : 2545251 (Fax)
Secy. Resi . : 0291-2701162

BAR COUNCIL OF RAJASTHAN, JODHPUR

HIGH COURT BUILDINGS, JODHPUR -342001

e-mail : [Secretary @ barcouncilofrajasthan.org](mailto:Secretary@barcouncilofrajasthan.org)
website: www.barcouncilofrajasthan.org

Application Form for Resumption of Practice as an Advocate as per Rule 5 of Chapter III Part VI of Bar Council of India Rules under Section 49 (1)(h) of the Act and Rules under Section 28(2)(C) read with Section 24(1)(e), 15 and 26 of the Advocates Act, 1961.

..... ** **

To,

THE SECRETARY

Bar Council of Rajasthan
High Court Buildings
JODHPUR – 342001 (Raj.)

Dear Sir,

This is to inform you that I want to resume my practice as an Advocate.

My Particulars are given below: -

- (1) Name :
- (2) Address :
- (3) Enrolment No. & Date :
- (4) Place of Practice :
- (5) Date from which practice
Suspended :
- (6) No. and date of order
Regarding above
(State how the disability
has ceased to exist? Whether
resigned, retired etc., by a
Affidavit or proof.) :
- (7) Certificate of Good
Character (Enclosed) :
- (8) Affidavit stating whether any
disqualifications u/s 24A Chapter III
of the Advocates Act nor incurred
during the period of suspension.

Place: _____

Dated: _____

(Signature in English)

(Signature in Hindi)

Encl:

.....
N.B. : Please return this form duly filled along with a D.D. of Rs. 5000/- payable to “**Secretary, The Bar Council of Rajasthan, JODHPUR**” and Rs. 2000/- in favour of “**Secretary, Bar Council of India, JODHPUR.**”