



Form A
(Application form)
DISTRICT AND SESSION COURT, AJMER

(APPLICATION FOR ALLOTMENT OF ADVOCATES CHAMBER)

PHOTO

1. Name of Advocate:-

2. Father's Name of Advocate:-

3. Name of the Spouse of Advocate:-

4. **Address:**

(a) Present Address:-

(b) Permanent Address:-

(c) Mobile Number 1

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(d) Mobile Number 2

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(e) Office/Residence Number

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(f) Date of Birth (DD-MM-YYYY)

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(g) E-mail Address

5. Whether the applicant(s) is/are Permanent resident of Ajmer
(if yes, please enclose appropriate proof)

6. (a) Enrollment number in the state Bar Council. **R/{Number}/{year}**

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(b) Date of Enrollment in state Bar Council : (DD-MM-YYYY)

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7. Whether the applicant(s) is/are permanent resident of the concerned headquarter or within the local jurisdiction of concerned Court(s), if yes, please enclose appropriate. certificate issued by competent authority).

8. Name of the father/mother/son (s)/daughter(s) or spouse, who is/are practicing in the Subordinate Court as an advocate (s) with. enrollment number (if any) and have also applied for allotment' of chamber.

9. In case of Association/Law firms

(a) Name of Association / law firms

(b)Name of Association / partners in Association/law firms

10. Total number of cases (with details in which appeared in the subordinate courts on behalf of the parties (in last three years) (Separate sheet be enclosed)

Note: (List of 10 vakalatnama per year or 30 vakalatnama in total) as on
Date ____ / ____ /20 ____)

DECLARATION

I, hereby declare that all the information stated above are true, complete and correct as per my knowledge. If any information is found false, incorrect or misleading, I shall have no Claim for allotment of chamber.

Place: Ajmer

Date: ____ / ____ /2025

Applicant's Signature

Note. The information furnished herein above has been certified From the relevant records and found true & correct.

President/Secretary
(Ajmer Bar Association)

District And Session Judge, Ajmer