



# **SINDH BAR COUNCIL**

SINDH HIGH COURT BUILDING (ANNEXE) KARACHI  
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## **HEALTH INSURANCE COVERAGE FACILITY FOR LAWYERS WORKING IN THE PROVINCE OF SINDH** *(Applicable for all practicing Advocates)* **(TO BE FILLED WITH BLOCK LETTERS)**

Two Recent  
Photograph 1-1/2 ×  
1-1/2 size in Court  
Dress

1. Advocate's Name \_\_\_\_\_  
(As per Licence of Sindh Bar Council) (BLOCK LETTER)
2. S/o, D/o. W/o: \_\_\_\_\_
3. Registration / Ledger No. of Sindh Bar Council: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(As per Matriculation Certificate)
4. District or Taluka \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Blood Group \_\_\_\_\_  
(As per Matriculation Certificate)
6. CNIC No: 

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7. Present / Postal Address: \_\_\_\_\_  
\_\_\_\_\_
8. Active Phone /Mobile No. \_\_\_\_\_ 9. Mobile No \_\_\_\_\_
10. E-mail: \_\_\_\_\_ 11. Gender: Male / Female

### **Condition of the start of Health coverage Facility:**

- Only those SBC enrolled (s) are entitled for health coverage who have, duly paid annual subscription upto 2022 and under age of 90 years.

Note: Learned Advocates are requested to fill this form completely and submit through Courier service, by-hand in the SBC office or through concerned Sindh Bar Council Elected Member.

\_\_\_\_\_  
(Signature of Advocate)

Recommendation by Elected Member Sindh Bar Council \_\_\_\_\_