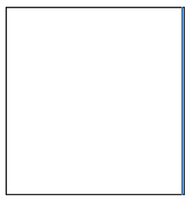
HYDERABAD DISTRICT BAR ASSOCIATION

MEMBERSHIP FORM



Advocate's Name (in block letter)_____

S/o,D/o, W/o:_____ **SurName**_____

NIC: | | | | | | - | | | | | | | | - | |

Ledger No:_____

Postal Address:_____

_____ **Cell #:**_____

Permanent Address:_____

_____ **Fax # :**_____

Alternate Ph: # (in case of Emergency)_____ **Email :**_____

Date of Enrollment (As an Advocate) | | | - | | | - | | | | |

Date of Enrollment (As an Advocate High Court) | | | - | | | - | | | | |

Date of Birth | | | - | | | - | | | | |

If a Member of any other Bar Association please indicate:_____

Please Attach Original Bank Challan, Tow recent Passport size photo graphs, photocopy of Sindh Bar Council Certificate LLB Certificate and I.D card

Signature of Advocate:_____

Date:_____

Verify By Muhammad Tahir _____

- ☐ **Attach Original Bank Challan**
- ☐ **Two recent Passport size photos**
- ☐ **Photo copy of Sindh Bar Council Certificate**
- ☐ **SBC I.D Card Photo Copy**
- ☐ **Photo Copy of LL.B Degree**
- ☐ **Law Get Result (Mandatory)**
- ☐ **SBC I.D Card Copy Of Senior Advocate**

General Secretary
Hyderabad District Bar Association

PRESIDENT
Hyderabad District Bar Association