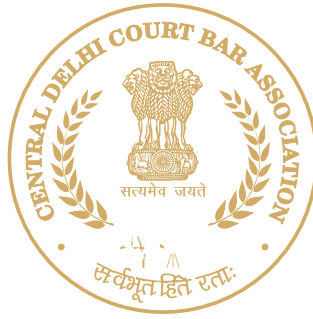


Rs. 100/- Only



MEMBERSHIP NO. : _____

Dated : _____

CENTRAL DELHI COURT BAR ASSOCIATION

Regn. No. S/2805/ Distt. South / 2021

Recognized by Bar Council of Delhi as court-annexed for Bar Association for Central Delhi Court Bar Association, New Delhi

Off. Add.- Utility Block, 1st Floor, Rouse Avenue District Courts, DDU Marg, Delhi - 110002

Ph. : +91 9599144406, 9599144416 | Email Id : cdcbacourt@gmail.com

Website : www.cdcba.co.in

IDENTITY CARD FORM

(FOR CDCBA MEMBERS ONLY)

RECENT PASSPORT
SIZE PHOTOGRAPH
(PASTE ONLY)

IDENTITY CARD DETAILS

Fill In Capital Letters Only

Specimen Signature

Name of Advocate : _____

Mother's / Father's / Husband Name : _____

Date of Birth : _____

BCD Enrollment No. : _____

CDCBA Membership No. : _____

Office / Chamber Add. : _____

Mobile No. : _____

Residential Address : _____

Aadhar No. : _____

Blood Group : _____

Email Address : _____

Election Id Card No. : _____

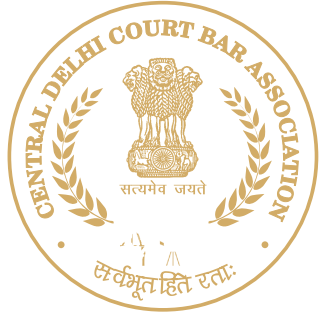
(PRESIDENT)

(HONY. SECRETARY)

Rs. 100/- Only

MEMBERSHIP NO. : _____

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Website : www.cdcbacba.co.in

Sr. No. :

To

The President / Hony. Secretary
Central Delhi Court Bar Association
Rouse Avenue District Courts,
New Delhi - 110002

RECENT PASSPORT
SIZE PHOTOGRAPH
(PASTE ONLY)

Dear Sir/Madam

Kindly enroll me as member of your Bar, I promise to abide by the rules of this Bar and agree that in case of any dispute or problem with member of the Bar, it shall be referred to the Bar and its decision will be binding on me, all the decision of Executive Committee shall be binding upon me. I shall also abide by the provisions of constitution of the Bar as amended from time to time.

My particulars are as under :-

1. Name (In Block Letters)

First Name	Second Name	Sur Name

2. Mother's / Father's / Husband's Name

3. Date of Birth

(Attach attested copy of Class 10th / Matriculation Certificate)

4. Bar Council of Delhi Enrollment No. & Date of Enrollment

(Attach attested copy of Enrollment Certificate)

5. Whether Member of Bar Council Advocate's Welfare Fund

State Details

6. Enrollment No. of other State Bar Council

(If not transferred to Delhi-attach attested photo copy of enrollment certificate)

7. Year of graduation & name of the College

(Attach copy of the certificate-self attested)

8. Year of passing Law and the Name of the University

(Attach attested copy of Certificate)

9. Place of Practicing

10. Membership of other Bar Associations :

Name of Bar Association	Membership No.	Year	Remarks

11. Residential Address

Present :

Permanent :

Office Address

12. Telephone E-mail Address

13. Mobile No.

14. Blood Group

15. If any case initiated / pending against you in Court of Law (State Details)

16. Are you retired from Judicial Services of Directorate of Prosecution (P.P.), If yes, mention the details

17. Aadhar Card Number

18. Election I Card Number

UNDERTAKING

- (i) I shall not file any case against the Bar.
- (ii) I understand that as per the constitution of CDCBA, I will have voting right after one year of my membership with CDCBA.
- (iii) I shall not participate or indulge in any anti Bar Activities.
- (iv) I accept that initially six months temporary membership will be accorded, till the verification of my enrollment with the Bar Council.
- (v) I bound myself to transfer my enrollment to Bar Council of Delhi (If enrolled with other State Bar Council) as specified in the constitution of CDCBA and also undertake that I shall submit the copy of Enrollment certificate issued by Bar Council of Delhi.
- (vi) I bound by the Rules and Regulations of the Bar Council of Delhi as applicable from time to time.
- (vii) Membership admission fee 1000/- and one year membership subscription Rs. 1200/- payable in advance at the time of submitting the membership form.

Delhi

Date : ____/____/20

Signature

RECOMMENDED FOR ENROLLMENT BY TWO MEMBERS OF CDCBA

Name
(IN BLOCK LETTERS)

Name
(IN BLOCK LETTERS)

Address

Address

BCD Enrollment No.D/...../.....

BCD Enrollment No.D/...../.....

Membership CDCBA No.

Membership CDCBA No.

Signature

Signature

ADMITTED TO BE MEMBER OF CDCBA

PRESIDENT

HONY. SECRETARY

FOR OFFICE USE

Admitted to be a member of CDCBA w.e.f.

Admission FeeRs.Subscription

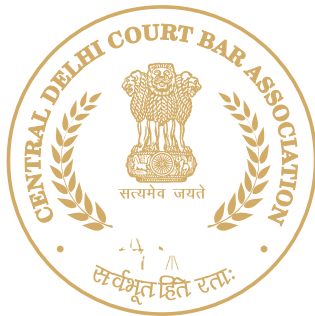
FormToRs

Membership No. Vide / Receipt No.

PostScript : Lawyers paying by way of Cheque shall become entitled for membership only after the encashment of the same.

Office Supt.

TREASURER / CASHIER



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Website : www.cdcba.co.in

LIST OF DOCUMENTS TO BE ENCLOSED WITH MEMBERSHIP FORM

SELF ATTESTED COPIES OF :

1. Enrollment Certificate Issued By Bar Council of Delhi or Intimation Letter Issued By BCD Regarding the Enrollment.
2. Law Degree or Provisional Certificate.
3. Class 10th Certificate.
4. Aadhar Card / Voter Id Card.

Note:

A. All attached documents should be self-attested.

B. Admission / Membership fees Rs. 1000/- Yearly Subscription
Rs. 1200/- **(Total)** = Rs. 2200/-

C. Payment can be made through Cash / UPI (Paytm, Phonepay, G-Pay, BHIM) Cheque, M/Net-Banking