

बार काउंसिल ऑफ उत्तर प्रदेश

(अधिवक्ता अधिनियम, 1961 के अन्तर्गत सृजित)

19, महर्षि दयानन्द मार्ग, प्रयागराज।

माननीय उच्चतम न्यायालय के आदेशानुसार वेरीफिकेशन हेतु एक हाईपॉवर कमेटी का गठन किया गया है, जिसके आदेश के परिप्रेक्ष्य में बार काउंसिल ऑफ इण्डिया द्वारा एक पत्र दिनांक 27.09.2023 को अधोहस्ताक्षरी को प्राप्त हुआ है, जिसके अनुसार निम्नलिखित दिशा-निर्देश जारी किये जा रहे हैं:-

1. यह कि माननीय उच्च न्यायालयों एवं माननीय उच्चतम न्यायालय द्वारा नामित वरिष्ठ अधिवक्ताओं को वेरीफिकेशन फार्म भरने की आवश्यकता नहीं है, वे केवल वेरीफिकेशन का फार्म-ई भरकर प्रेषित करेंगे।
2. दिनांक 31.12.1989 तक पंजीकृत अधिवक्तागण, जिन्होंने पूर्व में वेरीफिकेशन फार्म भरकर सी0ओ0पी0 अर्जित कर लिया था, उन्हें केवल सी0ओ0पी0 री-ईश्यू कराना ही आवश्यक है, जिसके लिए दो पन्ने का फार्म जो बार काउंसिल ऑफ उत्तर प्रदेश द्वारा जारी किया गया है, भरना आवश्यक है एवं फार्म के साथ शैक्षिक प्रमाण-पत्रों को संलग्न करने की आवश्यकता नहीं है, परन्तु वकालतनामा देना अनिवार्य है। दिनांक 31.12.1989 के बाद पंजीकृत अधिवक्ताओं को री-ईश्यू फार्म के साथ शैक्षणिक प्रमाण-पत्रों (हाईस्कूल, इन्टर, स्नातक एवं एल0एल0बी0) की छायाप्रति भी देना आवश्यक है। यदि किसी अधिवक्ता द्वारा सी0ओ0पी0 प्राप्त ही नहीं किया गया है, तो उन्हें वेरीफिकेशन फार्म के साथ शैक्षणिक पत्र व वकालतनामा भी संलग्न करना अनिवार्य है।
3. यह फार्म पूर्ण करके अपने बार एसोसिएशन के अध्यक्ष/सचिव या सदस्य, बार काउंसिल, उत्तर प्रदेश के द्वारा प्रमाणित करवाकर कार्यालय बार काउंसिल ऑफ उत्तर प्रदेश, प्रयागराज में जमा करना होगा। यदि आवेदक अधिवक्ता किसी भी बार एसोसिएशन का सदस्य नहीं है, तो कारण स्पष्ट करें।
4. फार्म के साथ अधिवक्ता कोई एक प्रमाण, जैसे वकालतनामा, कॉजलिस्ट, केस-स्टेटस, आदेश, प्रश्नोत्तरी, नियुक्ति-पत्र (शासकीय व अर्द्धशासकीय अधिवक्ताओं हेतु), नोटरी-पत्र, ओथ-कमिश्नर नियुक्ति-पत्र, सेल डीड या अन्य कोई रजिस्ट्री पत्र, शपथ पत्र (शपथ पत्र के रूप में मात्र वे शपथ-पत्र मान्य होंगे, जो वाद के साथ सम्बन्धित अधिवक्ता द्वारा वादी/परिवादी के प्रमाणीकरण हेतु दाखिल किये जाते हैं), निर्णय, टैक्सेशन में प्रैक्टिस करने वाले अधिवक्ता द्वारा कोई ऐसा प्रमाण जिससे यह स्पष्ट हो कि अधिवक्ता विधि-व्यवसाय कर रहा है एवं किसी भी सक्षम अधिकारी द्वारा जारी प्रमाण-पत्र, आदि की स्वप्रमाणित छायाप्रति दाखिल कर सकते हैं।
(उपरोक्त प्रपत्र केवल 04 वर्षों, अर्थात् वर्ष 2018, 2019, 2021 एवं 2022 के संलग्न करें। कोविड-19 के कारण वर्ष 2020 की छूट दी जाती है।)
5. यदि अधिवक्ता के विरुद्ध कोई आपराधिक मामलों का वाद लम्बित हो अथवा किसी अपराधिक वाद में दण्डित हुआ हो अथवा हिस्ट्रीशीटर हो, तो उसका पूर्ण विवरण व वाद की वर्तमान स्थिति नोटरी शपथ-पत्र द्वारा उल्लिखित करें।
6. बार काउंसिल ऑफ इण्डिया द्वारा निर्धारित शुल्क रुपये 250/- (रुपये दो सौ पचास मात्र) नकद अथवा डिमाण्ड ड्राफ्ट द्वारा जमा करना होगा। डिमाण्ड ड्राफ्ट B.C.U.P. Certificate And Practice Verification, payable at Prayagraj के रूप में स्वीकार किया जायेगा।
7. सर्टिफिकेट एण्ड प्लेस ऑफ प्रैक्टिस (वेरीफिकेशन) फार्म, री-ईश्यू फार्म एवं डिक्लेरेशन फार्म की फोटोस्टेट प्रतियां भी मान्य हैं तथा बार काउंसिल ऑफ उत्तर प्रदेश की वेबसाइट www.upbarcouncil.com से सर्टिफिकेट एण्ड प्लेस ऑफ प्रैक्टिस (वेरीफिकेशन) फार्म, री-ईश्यू फार्म एवं डिक्लेरेशन फार्म डाउनलोड कर सकते हैं।

भवदीय

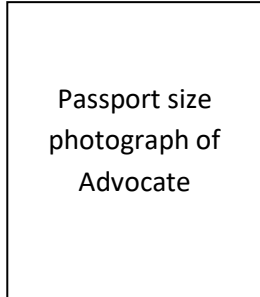

शिव किशोर गौड़,
अध्यक्ष, बार काउंसिल आफ उत्तर प्रदेश।

Form-A
Column-I

Application for issuance of certificate of practice
{For Advocates & Advocate on Records}

[See Rule 8.3 of the B.C.I. Certificate and Place of Practice (Verification) Rules, 2015]

To,
The Secretary
Bar Council of Uttar Pradesh
19, Maharshi Dayanand Marg
Prayagraj 211001



Sub: Application for issuance of Certificate of Practice (...../...../.....)

Sir,

I hereby apply to the(Name of the State Bar Council) for issuance of certificate of practice.

My full particulars are as follows:-

1. Enrolment Number on the Roll.....
2. Date of Enrolment
3. Name of the Advocate.....
(As given in the Enrolment Certificate)
4. Father's Name.....
5. Present Residential Address.....
.....
.....

6. Name of Institution & University from where advocate has done his

Sln0	Course Name	Name of School/ College	Name of Board/ University	Year of passing
I	High School/Matriculation			
ii	Graduation			
iii	LL.B.			

7. Office Address with Telephone No.
.....
.....
Mobile No./Email/Website.....
.....
8. Place of Practice.....(As given in the Application form for enrolment)
9. Present Place of Practice.....
10. Date of Birth.....
11. Name of Bar Association of which applicant is a member.....
.....
12. Whether the applicant, after enrolment, has joined any Government/Semi Government or Private Service or any other kind of service, if so full particulars be furnished with date of joining of such services.
.....
13. Whether the applicant after enrolment, has joined any business, as a full partner/sleeping partner, if so, full particulars be supplied, with an attested copy of business instrument like partnership deed, MOU, Agreements etc.....
.....
14. Whether the applicant, after enrolment has incurred any disqualification as mentioned in Section 24-A of the Act, if So, Certified copy of judgment/order be attached.
15. Whether applicant, at present, is facing any disciplinary or criminal or contempt proceedings/convicted in any Criminal or other Proceedings or not, if so, full particulars be given.....
.....
16. Delay, if any, in submitting the application form, reasons to be given.....
.....
.....
17. Process fee/Late fee/Penalty
Rs.....by way of Demand Draft No.....
Date...../Account Payee Cheque No.....Dated.....
Or cash.
Paid to.....on.....

18. Place where the Advocate intends to cast his vote

i. In Bar Council Elections.....

ii. In Bar Association Elections.....

iii. Name of the Bar Association.....

Place

19. Any other information, applicant wants to submit about his distinctions.

20. If the Advocate is not a member of any Bar Association (registered and recognized by the concerned State Bar Council), the reason for not being a Member of Bar Association.....

.....
.....

20.a. Whether the Advocate intends to become the Member of Bar Association in Future.

(Put a "X" Mark)

Yes

No

I verify that the information/particulars furnished by me are true and correct to the best of my knowledge and nothing has been kept concealed therein.

I am also submitting herewith Column-II and III of this form "A"

Date:

**Full Signature of the
Advocate**

Note: One additional passport size photograph is attached/sent herewith

**Form-A
Column-II**

**[See Rule 8.4(ii) of B.C.I. Certificate and Place of Practice (Verification) Rules,
2015]**

I.....aged.....
Son ofresident of
.....enrolled as a advocate on
the roll of(Name of the State Bar
Council) vide certificate of enrolment dated and No.
.....do hereby solemnly affirm and declare as follows:-

1. That after having obtained Certificate of enrolment from the
.....(name of the Bar Council) under
section 22 of the Advocates Act, I have not left practice in law.

2. That I usually practice atand I intend to cast my vote

i. In the elections of the State Bar Council at

ii. In the elections of Bar Association.....

{Name and Place of Bar Association}

(This clause 2(ii) shall not apply to those advocates who do not intend to be the
members of any Bar Association)

3. That since my enrolment as an advocate, I have not switched over to any other
profession/services/business and that thereafter, I am doing practice in law.

Date:

**Full Signature of the
Declaring- Advocate**

Form-A
Column-III (Certification)
[See Rule 8.4 (iv) of B.C.I. Certificate and Place of Practice (Verification) Rules,
2015]

This is to certify that Shri/Mr./Mrs./Ms.....
....., Advocate S/O,W/O,D/O.....
..... is a bona-fide member of the
Bar practicing usually at(name of the
Bar Association, if any) and he/she has been practicing law since joining this Bar
from the yearand has not left such practice and I
further certify that the particulars disclosed by him/her in the accompanying
application are correct to my knowledge and belief.

Date:

Full Signature with name
Member
Bar Council of Uttar Pradesh

Full Signature with name
President/Secretary
Bar Association (Seal)

N.B In this certification the declaration should contain/attach the certified copies of at least 5 Vakalatnamas or any other document/cause list establishing that the advocate has been in practice for last 5 years.

N.B. If the Advocate is attached with (Registered some law or Solicitor Firm),he shall furnish a certificate to that effect from the Authorized Officer of concerned Firm showing details as to for what period Candidate/Advocate has served the firm and nature of his details.

If the lawyer is a conveyancing lawyer he shall furnish 5 (five) such documents of last 3 years to support his claim that he is in conveyancing practice lawyer.

Form –C
Application for resumption of certificate of practice
[See Rule 28.2 of B.C.I. Certificate and Place of Practice
(Verification) Rules, 2015]

To,

The Secretary
Bar Council of
.....
.....
.....

Sub: Application for resumption of Certificate of Practice (...../...../.....)

Sir,

I hereby apply to the(Name of the State Bar Council) for resumption of certificate of practice.

My full particulars are as follows:

1. Enrolment Number on the Roll.....
2. Date of Enrolment
3. Name of the Advocate.....
(as given in the Enrolment Certificate)
4. Father's Name.....
5. Present Residential Address.....
.....
6. Name of Institution & University from where advocate has done his
i. Graduation.....year.....
ii. LL.B.....year.....
7. Office Address with Telephone No.....
.....
Mobile No. /Email/Website.....
8. Place of Practice.....
(As given in the application form for enrolment)
9. Present place of practice.....

10. Date of Birth.....

11.1. That in the changed circumstances, I intend to resume law practice

11.2. That after enrolment I have not suffered and incurred any disqualifications mentioned in Section 24-A, of the Advocates Act.

12. Particulars of the Certificate of Practice issued to the application if any

a. whether issued under AIBE Rules, if so, its number and date.....
.....

b. Whether issued by the State Bar Council under these rules, if so, its number and date (self attested photo copies of the certificate of practice to be annexed with this application)

c. Particulars of the notification, whereby the applicant was put in the list of “Non-Practicing Advocate”
.....

13. Whether the applicant after enrolment has joined any Government / Semi Government or private service or any other kind of service, if so full particulars be furnished with date of joining of such services.....
.....

14. Whether the applicant after enrolment, has joined any business, as a full partner/sleeping partner, if so, full particulars be supplied, with an attested copy of business instrument like Partnership Deed, MOU, Agreements etc.....

15. Whether the applicant, after enrolment has incurred any disqualification as mentioned in Section 24-A of the Act, if so, certified copy of judgment /order be attached.....

16. Whether applicant, at present, is facing any disciplinary proceedings/convicted in any Criminal Proceedings or not, if so, particulars be given.....

17. Delay, in submitting the application form, reasons to be given.....

18. Verification fee/Late fee/ Penalty

Rs.by way of Demand Draft No.....Dated.....
/Account Payee Cheque No.....dated.....
Or cash Rs.

19. Any other information, applicant wants to submit about his distinctions.

20. Place where Advocate intends to cast his vote in the elections of Bar Council
.....

21. Place / Name of Bar Association (if any) where the advocate intends to cast his
vote.....

I verify that the information/particulars furnished by me are true and correct to the best of my knowledge and nothing has been kept concealed therein. I bona-fide intend to resume Law Practice.

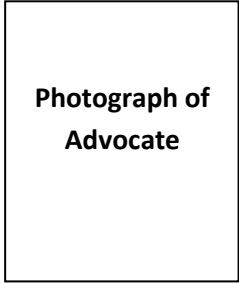
Date:

Signature of the Advocate

Form –D

**Bar Council of Uttar Pradesh
19, Maharshi Dayanand Marg
Prayagraj**

Identity Card



I-Card No.....

1. Name.....

2. Father's Name.....

3. Enrolment No., Year & Date.....

4. Address.....

.....

Email ID.....

Telephone/Mobile No.....

5. Normal Place of Practice.....

6. Date of Expiry of I-Card.....

7. Place where Advocate is entitled to vote in elections of State Bar Council

.....

8. Place/name of Bar Association (if any) where Advocate is entitled to vote in election of

Bar Association.....

Date:

**Chairman/Vice-Chairman
Authorized signatory
(Seal of the State Bar Council)
(Full Signature)**

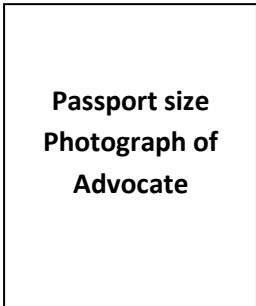
Form – E

**FOR SENIOR ADVOCATES AND ADVOCATES ON RECORD IN SUPREME COURT OF INDIA
[See Rule 5(a) of the Bar Council of India Certificate and Place of Practice (Verification)
Rules, 2015]**

To,

**The Secretary
Bar Council of**

.....
.....



Name.....

Father's Name.....

Enrolment No., Year & Date.....

Email ID.....

**Place where the Sr. Advocate to cast his vote in the elections of State Bar
Council.....**

**Name/place of Bar Association where the Senior Advocate Casts his
vote:.....**

**Signature
Designation & Seal of the authorized
Signatory of S.C.B.A./A.O.R. Association**

Signature of Senior Advocate/A.O.R.

Date: