SINDH BAR COUNCIL

SINDH HIGH COURT BUILDING (ANNEXE) KARACHI
POST CODE NO. 74200
PHONE : 99203187 FAX:9 9205892
E-mail : admin@sindhbarcouncil.org
Web Site : www.sindhbarcouncil.org

HEALTH INSURANCE COVERAGE FACILITY FOR LAWYERS WORKDING 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: _____Age:_____

4. District or Taluka_____

5. Date of Birth:_____ Blood Group_____
(As per Matriculation Certificate)

6. CNIC No: | | | | | | | | | | | | | | |

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 _____