SINDH HIGH COURT BUILDING (ANNEXE) KARACHI.
Phone : 99203187, 99205893
Fax: 99205892
E-mail : admin@sindhbarcouncil.org
Web Site : www.sindhbarcouncil.org

SINDH BAR COUNCIL

ADVOCATE'S DATA COLLECTION FORM

(Applicable for all practicing Advocates of High Court in Sindh)
(TO BE FILLED WITH BLOCK LETTERS)

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

* Please read instructions overleaf before filling the form

1. Advocate's Name _____
(As per Licence of Sindh Bar Council) (BLOCK LETTER)

2. S/o, D/o. W/o.: _____

3. Date of Birth : _____ 4. Blood Group _____
(As per Matriculation Certificate)

4. CNIC No. | | | | | | — | | | | | | | | — | |

5. Residential Address: _____

_____

6. E-mail: _____ Cell # _____

7. Chamber Address: _____

_____ Phone # _____

8. Date of Enrolment (As an Advocate) _____

9. Date of Enrolment (As an Advocate of High Court): _____

10. Registration / Ledger No. Sindh Bar Council: _____

11. Specify the Registration No of the Concerned Bar Association: _____

12. Specify Member Ship of the High Court Bar Association (if any) _____

Date: _____

_____
(Signature of Advocate)

ATTESTED BY

MEMBER
SINDH BAR COUNCIL

OR

PRESIDENT
CONCERNED BAR ASSOCIATION

Note:

1. 2 Photographs in Court Dress.
2. Attach C.N.I.C Copy *(Nadra Indentity Card).*
3. Challan Copy in Identity Card Fund of Rs. 1000/-

CamScanner