

FORM –C
(Under Rule 1 Chapter III Part V)

BAR COUNCIL OF INDIA

Application for transfer to another roll under Sections 18 and 49 (1)(b) of the Advocates Act, 1961.

From

To

The Secretary
Bar Council of India
No. 21, Rouse Avenue
Institutional Area, New Delhi – 110 002

Sir,

1. I request the transfer of name from the roll of the Bar Council of _____ to the roll of the Bar Council of _____ under Section 18 of the Act for the reasons set out by me in this application.
2. I was enrolled in the Bar Council of _____ on _____
3. My name is entered on the roll of the said Bar Council _____ and my roll number is _____
4. I state that prior to my enrolment as aforesaid, in the Bar Council of _____ I did not make any application for enrolment to any other State Bar Council and that no such application was either withdrawn, refused or dismissed.
(If any prior application had been made, details should be given here)
5. I state that there are no disciplinary proceedings pending against me in any State Bar Council.
6. The reasons for my application for transfer are as follow:-
(If the application for transfer is made within 2 years of the date of enrolment, applicant should state the reason why even at the first instance he did not apply for enrolment to the Bar Council to which transfer is sought)

7. After the transfer of my name to the roll of the Bar Council of _____ I intend to practice ordinarily at _____ .

My permanent address after transfer will be: -

8. I undertake to communicate to the State Bar Council to which my name is to be transferred, any change in the said address.

9. Till the transfer is effected all communications may please be sent to the following address:-

I undertake to furnish any further information that may be necessary in reply to any communication that may be sent to the said address till the transfer is ordered.

10. I enclose herewith:

- (i) A Certified copy of entry in the State roll.
- (ii) A certificate from the State Bar Council as prescribed in Rule 1 (2) in Part V Chapter III.

I hereby declare that the facts stated herein are true.

Place:

Date:

Signature of the Advocate
(Applicant)