

APPLICATION FOR ENGAGEMENT AS FULL TIME LEGAL AID LAWYER IN LEGAL
AID DEFENSE COUNSEL SYSTEM

STATE - CHHATTISGARH
DISTRICT - _____
Application No. - _____
(For Office use) _____



APPLICATION FOR LEGAL AID DEFENSE COUNSEL

1. Applicant's Name : _____
2. Father/Husband's Name : _____
3. Date of Birth : _____
4. Age (as on 01-01-2025) : _____
5. Gender : _____
6. Residential Address : _____

7. Office Address : _____

8. Chamber Address (if any) : _____
9. Telephone No. (O) : _____
10. Telephone No. (R) : _____
11. Mobile No. : _____
12. Fax No. : _____
13. E-mail ID : _____
14. PAN No. : _____
15. AADHAR No. : _____
16. Educational Qualification (Please enclose self-attested copies of documents):

Course	Name of Board/ University	Years of Passing	Obtained Percentage (aggregate)
Graduation			
Professional Degree			

LLB			
LLM			
Any other (if any)			

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17. Date of Enrolment as Lawyer : _____

18. Enrolment No. : _____
(Attach self-attested copy of enrolment certificate issued by Bar Council)

19. Experience in Bar : _____
(Duration of actual practice)
(Attach an experience certificate issued by the Bar Association/Council)

(a) Total No. of cases Handled : _____

(b) Nature of cases handled : _____
(Attach extra sheet, if required)

(c) Specialization, if any : _____
(The details of a few important Cases, the Applicants have dealt With/handled and reported judgement if any.)

20. Whether empanelled as Central/ _____
State Government or Government undertaking counsel/pleader

21. The Courts where the Applicant is : _____
regularly practising
(Enclose Bar Association Membership certificate)

22. Specify whether earlier remained on : _____
the panel of HCLSC/DLSA or TLSC
(Indicate period, number of legal aid cases handled & result)(Attach document)

23. Whether any disciplinary case/ : YES NO
Complaint is /was against the Applicant with any Bar Council
(If yes specify details of both disposed & pending with document)

24. List of the documents to be attached.

1. Self-Attested copy of Certificates in support of educational qualifications.

2. Self-Attested copy of Certificates in Enrollment issued by the Bar Council under the Advocates Act, 1961.
3. Self-Attested copy of Photo Identity Card, Address Proof.
4. Self-Attested copy of ITR for last 3 years (if available).
5. Photo Copies of judgments in 5 Sessions cases, represented as Defense Lawyer, (for the post of Deputy Legal Aid Defense Counsel).
6. Photocopies of at least 5 cross examinations in Session Cases (for Chief/Deputy legal aid defense Counsel).

(Signature)

DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect at any stage, my candidature is liable to be cancelled. I have read and understood the instructions and terms of the engagement and agree to abide by those. I declare that I fulfill the Eligibility conditions for the category to which I am seeking engagement. I declare that I have never been penalized by any Bar Council in any Disciplinary Proceedings. I also undertake to maintain absolute integrity and discipline as required there under. I agree with the remuneration structure and all the terms and conditions notified SLSA/DLSA concerned.

Place : _____
Date : _____

(Signature)