

FORM E

**FOR SENIOR ADVOCATES & 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-----

photograph

Name: _____

Father's Name _____

Enrolment No. and Date _____

Email Id: _____

Place where the Sr. Advocate / AOR intends to cast his vote in the elections of State Bar
Council: _____

Name / Place of Bar Association where the Senior Advocate / A.O.R. 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 : _____