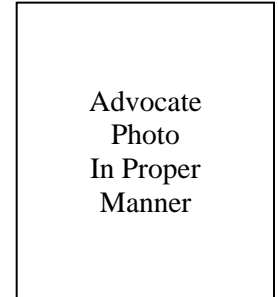


APPLICATION FORM FOR EMPANELMENT

(TO BE FILLED IN BY APPLICANT ADVOCATE)

To
The Secretary General
Indian Paramedical Association
C-77 Sector 2 Gautam Buddha Nagar
UP- 201301



1. Name (s) of the Court (s) for which applied (Specify Court wise)

- a) –
- b) –
- c) –

2. Personal Details (In Block Letters)

1	Name in full (In Block Letters)	
2	Father's Name	
3	Date of Births	
4	Nationality	
5	Address for Correspondence with PIN and Phone No	
6	Permanent Address with PIN and Phone No.	
7	Address of Office/Chamber, if any and Phone No	
8	Mobile Nos.	
9	Email ID	

10	Is any of Applicant's relative is a member in IPMA BHARAT? If so, please give details (viz. Name, & relationship with Applicant)	
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3. Details of Educations Qualification (Commencing with the Graduation or Equivalent examination)

4. Experience

- a) Area of Specialization- Civil/Criminal/Service /Any Other (Please Specify)
- b) Whether the applicant is currently on the Panel of any other Government Department/PSU/Statutory Body/Autonomous Body etc. and if yes, the details below (Self certified copy of the Office Order/ letter of empanelment may be attached)

Name of the department/PSU/Statutory Body/Autonomous Body	From	To

C) No. of Cases, relating to **ASSOCIATION** or any other department, handled earlier.

S.No.	Title of case (Documentary Proof must be attached)

- d) Whether the applicant has engaged (through Vakalatnama) as counsel in any landmark case? If yes, the particulars of the case with copy of the judgement wherein his/her name is recorded as advocate. (Copy of order/judgement be attached as proof)

Name of Court	Case Title	Nature of Judgement

5. Whether Income Tax Return is being filed for last 5 Years? **Yes/No** (if yes, please attach copies of ITRs)

6. Details of Bank Account/PAN Number/Aadhar Number

Name as in Bank Account	
Account No.	
Name of Bank	
Address of Branch	
IFSC code	
Pan No.	
Aadhar No.	

7 Any additional professional qualifications (s), which will further the candidature, including membership of the professional society, awards and honors etc. may be listed below (Documentary proofs may be attached).

Signature of Advocate

UNDERTAKING

1. I hereby confirm and declare that the information furnished in the application and in the attached certificate is true/correct and complete to the best of my knowledge and belief. I have not concealed any relevant information. I am fully aware that if any of the information furnished by me is found to be false /incorrect, my candidature for the empanelment will be treated as cancelled and matter will be referred to the appropriate authority.

2. I also undertake to maintain absolute secrecy about the cases of the Indian Paramedical Association (IPMA BHARAT) as required under the Act, Rules and Regulation there under.
3. I also undertake to return all case files and records to the Indian Paramedical Association (IPMA BHARAT) as and when required by the Indian Paramedical Association (IPMA BHARAT).
4. I agree with the fee schedule notified by the Indian Paramedical Association (IPMA BHARAT).
5. No criminal or administrative proceeding is in process against under signed in any organization, council or Court of Law.

Place:
Date:

Signature of Advocate
Enrolment No
Mobile No