

FORMAT OF BCI FORM

1	2	3	4	5	6	7	8	9	10	11	12
Sr. No	Enrolment Number of Advocate in State Bar Council with the year of enrolment	Certificate of Practice details, issued after clearance of AIBE, wherever	Name of Advocate (to be printed in short on cause list)	Full name of Advocate	Name of Advocate in Local Language	Date of Birth of Advocate	Gender of Advocate M- Male, F- Female, T- Transgender	Address of Advocate	Address of Advocate in Local Language	Email of Advocate	Mobile number of Advocate

13	14	15	16	17	18	18	20	21	22
WhatsApp (if any)	Phone number of Advocate	Fax Number	Office Address of Advocate where he practices	Pin Code	District	Taluka	Office Address of Advocate in Local language	Type of Advocate (Individual-1, Firm-2, Company-3)	If Firm of Company, Registration No. in BCI

PLEASE TYPE AND FILL THE ABOVE FORM AND EMAIL THE SAME IN PDF TO scaorainfo@gmail.com.