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HARYANA CIVIL SECRETARIAT



Photo

PROFORMA FOR ISSUANCE OF ICARD FOR ADVOCATE

NAME

FATHER'S NAME

SEX [M/F]

BAR COUNCIL ENROLL. NO.

BAR ASSOCIATION ENROLL. NO.

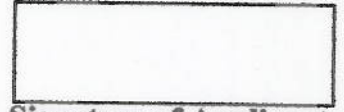
RESIDENCE ADDRESS

TELEPHONE (Res.)

MOBILE NO.

EMAIL ADDRESS

Date:



Signature of Applicant

Recommending Authority with seal

FOR OFFICE USE ONLY

ICARD NO.

DATE OF ISSUE

DATE OF EXPIRY

[ISSUING AUTHORITY]
Signature with Seal