

**APPLICATION FOR ISSUANCE OF I.D CARD AS AN ADVOCATE OF  
HIGH COURT**

Computer code: 

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 (Leave blank,) Personal File no: 

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 (Leave blank,)

Name: 


Fathers Name: 


CNIC No: 

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Salutation: 

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.
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Marital status: 

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow	<input type="checkbox"/> Divorced
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Religion:☐ Muslim ☐ Others 

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Nationality: 

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Date of birth: 

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Place of birth: 

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Local/Domicile: 

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Blood group: 

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Present phone: 

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Cell phone: 

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**CURRENT RESIDENCE ADDRESS.**

**OFFICE ADDRESS**



Registration Number \_\_\_\_\_ (OFFICE USE)

Date of enrolment as an advocate  
OF Lower Court. \_\_\_\_\_  
(FILLED BY OFFICE)

Date of enrolment as an Advocate  
Of High Court \_\_\_\_\_  
(FILLED BY OFFICE)

Place of practice \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ADVOCATE  
WITH TUMB

- 1. Copy of CNIC
- 2. Passport size 02 Fresh Photo
- 3. Challan