

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

Computer code:

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 (Leave blank.) Personal File no:

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Name:

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Fathers Name:

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CNIC No:

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Salutation:

| | | |
|------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss. |
|------------------------------|-------------------------------|--------------------------------|

Marital status:

| | | | |
|---------------------------------|----------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Widow | <input type="checkbox"/> Divorced |
|---------------------------------|----------------------------------|--------------------------------|-----------------------------------|

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

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Registration Number _____ (OFFICE USE)

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

Place of practice _____

SIGNATURE OF ADVOCATE
WITH TUMB

- 1. Copy of CNIC
- 2. Passport size 02 fresh photo
- 3. Challan of Fee

