

APPLICATION FORM

POST APPLIED FOR :						
CANDIDATE NAME IN FULL :				FATHER'S NAME:		
SEX :	DATE OF BIRTH :		AGE :			
LANGUAGES KNOWN:						
<u>CORRESPONDENCE ADDRESS:</u>						
<u>PERMANENT ADDRESS:</u>						
<u>ACADEMIC PERCENTAGE:</u>						
<u>CONTACT NUMBER:</u>						
<u>Email-ID:</u>						
EDUCATIONAL QUALIFICATION:						
Enclose all year/Sem Marks card						
Enclose Passing Certificate /Convocation issued by University						
Enclose Identity Card issued by Karnataka State Bar Council with registration number and date of registration						
Enclose 05 years of legal experience Certificate issued by President/Secretary of Bar Association						
EXPERIENCE:						
Sl. No.	Organization Details	Rank	From	To	Number of Years	Works Carried out during this period
Note: Please furnish relevant Certificates in proof of Date Of Birth/ Qualification/ Experience						
I solemnly declare that the above information is true and correct to best of my knowledge and belief. I understand that, if the information furnished by me is found to be not true I will be disqualified from selection.						
PLACE:						
DATE:				SIGNATURE		