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Schedule-I

**PRESCRIBED APPLICATION FORM FOR THE ALLOTMENT OF LAWYERS'
CHAMBER IN THE AGARTALA BENCH OF THE GAUHATI HIGH COURT
CAPITAL COMPLEX; AGARTALA**

1. Name of the Applicant :
2. Father/husband's name :
3. Permanent Address :

4. Local Address/temporary Address :
(If different)
5. Office Address :

6. (i) Telephone No(s), : Res: Off.
(ii) E-Mail address:
7. Date of Birth :
8. Enrolment No., date and Authority :
with which enrolled.
9. Date of admission as a member of :
Gauhati High Court Bar Association,
Agartala Bench, Agartala.
10. Date of Registration of name, if any, :
with the Gauhati High Court Bar
Association, Agartala Bench along
with the registration No. of
application made to the Gauhati
High Court Bar Association, Agartala
Bench, Agartala.
11. Whether any previous application :
made for allotment of lawyers
Chambers in Agartala Bench of the
Gauhati High Court if so, give
particulars.
12. Whether father/mother, son/sons, :
daughter/daughters, husband/wife
have made any application for
allotment of chamber in Agartala
Bench of the Gauhati High Court, if
so, give particulars.
13. Whether applicant's father/mother, :
son/ sons, daughter/ daughters,
husband/wife or himself has any
chamber in any Court in the State of
Tripura. If so, give particulars.
14. Whether applicant is partner of a :
firm of advocates. If so, whether
any partner Has or applied for any
Chamber in any Court in the State of
Tripura. If so, give Particulars.

15. Any other information to support the :
application for allotment of lawyer's
Chamber.

I, do declare that
I have been residing in the State of Tripura since years
and that I have read the rules and the conditions governing the
allotment of Lawyer's Chambers in the Lawyers chambers Block of
Agartala Bench of the Gauhati High Court and hereby undertake to
abide by the said Rules and to accept the allotment subject to the
same. I further declare that the particulars given above by me are true
and correct and nothing material has been concealed therefrom.

(_____)
Signature of the applicant

Dated _____

Local Address:
