

BAR COUNCIL OF TAMILNADU

TAMIL NADU ADVOCATES' CLERKS WELFARE FUND

FORM -1

APPLICATION FOR RECOGNITION AND REGISTRATION OF THE ADVOCATES' CLERKS' ASSOCIATION :

- (1) Name Of The Association :
- (2) Address of the Association :
With Telephone No. if any :
- (3) Name of the Office bearers :
with their Addresses
- (4) Name of the members of
the Association with their
addresses :
- (a) Address :
- (b) Age :
- (c) Date of enrolment :
- (d) Place of employment :
(separate sheet may be
enclosed)
- (5) Whether rules or bye- laws
enclosed :
- (6) Other particulars, if any :

Place :

Date :

Signature of the President
Advocates' Clerks Association.

Signature of the Secretary
Advocates' Clerks Association.