

To be typed on letter head

BIO-DATA FORMAT

Pl. affix
Passport Size
Photo of the
Advocate

01. NAME IN FULL :

02. DATE OF BIRTH:

03. ADDRESS:

(a) OFFICE :

(b) RESIDENCE:

04. TELEPHONE OFFICE :

Mobile Number No. :

E- MAIL ADDRESS: Personal and Professional

*In case of firms, names of all partners with brief resume of experience of each partner should be given. Separate sheets can be attached, if necessary.

05. ACADEMIC QUALIFICATIONS:

06. DATE OF ENROLLMENT IN BAR COUNCIL AND ROLL NO:

(Please provide self-attested copy of your Certificate of Practice (Sanad) and Id card issued by the respective Bar Council.

07. PRINCIPAL PLACE OF PRACTICE:

08. PRINCIPAL COURTS OF PRACTICE:

09. AREA OF PRACTICE WITH SPECIFIC EXPERTISE IF ANY:

10. VARIOUS COURTS APPEARING IN:

11(a) WHETHER YOU ARE APPEARING ON BEHALF OF ANY INSTITUTION/
CORPORATE SUCH AS HOSPITAL (S)/ CO-OPERATIVE SOCIETY/BANK (S)
FINANCIAL INSTITUTION (S) COMPANY (IES) GIVE DETAILS :

(b) HAVE YOU BEEN DEPANELLED ANY TIME.

(C) HAVE YOU SUFFERED ANY PROFESSIONAL MISCONDUCT PROCEEDINGS BEFORE BAR COUNCIL, IF YES, GIVE DETAILS : YES/NO

GIVE DETAILS :

12. TOTAL EXPERIENCE AT BAR :

13. (a) ARE YOU AN INCOME-TAX ASSESSEE: YES/NO

(b) PAN NUMBER:

(c) AADHAR CARD:

(Kindly provide yourself attested copy of Pan Card and Aadhar Card)

14. ARE YOU APPEARING AND/OR APPEARED IN ANY SUIT OR OTHER PROCEEDINGS AGAINST SHUSHRUSHA HOSPITAL AND/OR HAVE YOU ISSUED ANY NOTICE FOR AND/OR AGAINST SHUSHRUSHA HOSPITAL AND/OR ANY SUBJECT CONCERNING SHUSHRUSHA HOSPITAL?

IF YES, GIVE DETAILS :

15. DETAILS OF PROFESSIONAL ACHIEVEMENTS (IF ANY) :

16. I undertake to refrain from appearing against Shushrusha Hospital in any suit, proceedings, enquiries which are pending disposal or proposed to be filed, nor would I offer any advices or opinions to any clients/parties, including companies and institutions, which may affect the interests of the **Shushrusha Hospital**; and I am agreeable to the advocates' fees structure fixed by the Shushrusha Hospital for the matters entrusted to me. I am also aware that I am not entitled to:

(a) Retainer fee, (b) Travelling expenses and (c) Claim Junior Advocate's fee, unless specifically agreed to in writing by the **Shushrusha Hospital**.

Shushrusha Hospital has right to depanel or take necessary action against me, if any of the particulars given hereinabove are found to be misleading/untrue or on account of professional misconduct or negligence attributable to me/us or my/our authorised representatives.

17. I am enclosing copies of LLB degree certificate and Bar Council enrolment certificate duly self- attested.

I request you to consider my name for empanelment in the Shushrusha Hospital's Panel of Advocates.

Yours faithfully,

How to Apply

Send your CV to: coo1@shushrushahospital.org

Contact: **022-66286103**