

APPLICATION FOR ISSUE OF DUPLICATE CERTIFICATE

To

**The Secretary
Odisha Advocates' Welfare Fund Trust
OSBC, Cuttack**

Name of Applicant :

OSBC Enrl. No. & Dt. :

Trust Membership No. :

Address & Contact No. :

Place of Practice :

Reason for issue of duplicate certificate :

(Enclose document where necessary)

Documents enclosed:

1. A certificate of Practice issued by concerned Bar President/Secretary or any Bar Council Member (applicable till issuance of COP by the Council under the provisions of C & POP (V) Rules, 2015). Thereafter, true copy of COP issued by Council attested by Bar President/Secretary or any Bar Council Member to be appended.
2. True copy of Id Card issued by Council or Proof of Identity attested by Bar President/Secretary or any Bar Council Member
3. Money Receipt showing deposit of prescribed Fee

Date:

Full Signature of the Applicant

AFFIDAVIT

I, _____, son/daughter/wife of _____,
aged _____ years, resident of _____, Post _____, PS _____,
Dist. _____, do hereby solemnly affirm and state as follows:

1. That I have made this application and the facts stated here above are all true to the best of my knowledge and that I have not suppressed or misled any material fact.

Contents of the affidavit are all true in my knowledge.

Identified by:

Deponent

(Name & Signature of Advocate)