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## ANNEXURE- 'B'

## APPLICATION FORM FOR EMPANELMENT IN ESIC (TO BE FILLED IN BY APPLICANT ADVOCATES)

Го,								
Гhe Deputy I	Director I/c,							
Sub Regional	Office, ESI Corporation, Sedam Road,							
ESIC Hospita	l Complex Para Medical Collage Building,							
Kalabuaragi -	-							
Name (In I	Block letter)							
Father's Na	ame							
Court for v	Court for which applied (Specify Court wise)							
	(CHECKLIST)							
List of doc	uments attached (please)							
• Exp	by of all Certificates & mark - sheets (Graduation of erience Certificates) y flied Annexure B ers (Please specify):	nwards)						
	PERSONAL DETAILS (In Bloc	ck Letters)						
1	Name in Full							
2	Date of Birth							
3	Nationality							
4	Address for correspondence with PIN and Phone No							
5	Permanent Address with PIN and Phone No.							

6	Addres and Ph	ss of office/cham								
7	Mobile	e Number(s) Photo								
8	Email 1	ID								
9	please place		ESIC employees? In Name, designation plicant)							
10. Details of Examination		tional Qualificatio	on (Commencing v	vith	the Gra	dua	tion or	Equiv	alent	
Examination Passed	ıs	Name of the Board/Universit			ass or vision	% Mai	of rks	Subje	cts	Year of Passing
LLB/Law G Degree	raduate									
Post Gradua	tion									
Other Profes Qualification										
Department	/PSU/S	Statutory Body/A	on the Panel of a utonomous Body ter of empanelmer	etc. a	and if y	es, t	he deta	l ils bel	ow (S	elf
Name of Body	the	Department/PS	SU/Statutory Body	/Au	itonom	ous	From		То	

12. Whether the yes, the details a					esearcher (LR)	attached to	o any Court/judge? If
Name of Court/Judge			Period	of Research	Supporting documents		
13. If one or mor pelow	e advoca	tes are as	sociated	d as jun	iors of the app	licant, thei	r details be provided
S.No Name of the Advocate					ent No. with date		
14. Infrastructui below:	l ral faciliti	es availal	ble with	the ap	plicant (Please	tick if ava	ilable) be provided
Office Space		Office clerk		Steno/typist		Support staff	
15. No. of Cases							
S.No	Title o	f case (Do	ocumenta	ary proo	f must be attache	ed)	
case? If yes, the	particulai	s of the o	case wit	h copy	of the judgeme	ent wherei	unsel in any landmark n his/her name is attached as proof)
			Case title			of Judgement	
17.Whether Inco	ome Tax 1	return is	being fil	led for l	ast five years?	Yes/No (I	f yes, please attach cop
18. Details of Bar	nk Accou	nt/PAN	Numbe	er/Aadl	nar number be	provided	below:

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Bank Account Details (Bank Account Number, Address of the branch and IFSC code)	PAN number		Aadhaar Number			
oration und it occount)						
19. Whether any proceeding has ev Committee of the Bar Council of all			nuing before the disciplinary			
Sl. No. Details of allegations and	proceedings	Finding made by the disciplinary Committee				
20. Whether any criminal complain proceeding has ever commenced aş		_	istered or any criminal			
Sl. No. Details of allegations and	l proceedings	Finding ma	de by the Court			
21. Any additional professional qua membership of professional society (Documentary proofs may be attact	, awards and hono					
Note: - Selection Process will be in	ntimated in due co	urse through	n e-mail. Hence, it is requested			

to provide proper e-mail ID.

## **UNDERTAKING**

- 1) I hereby confirm and declare that the information furnished in the application and in the attached certificate is true/correct and completes to the best of my knowledge and belief. I have not concealed any relevant information. I am fully aware that if any of the information furnished by me is found to be false/incorrect, my candidature for the empanelment will be treated as cancelled and matter will be referred to the appropriate authority.
- 2) I also undertake to maintain absolute secrecy about the cases of the ESIC as required under the Act, Rules and Regulations there under.

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3) I also undertake to return all case files and records to the ESIC as and when required by ESIC.						
4) I agree with the fee schedule notified by ESIC.						
Place: Date:	Signature of the Advocate Enrolment number: Mobile number :					