

**FORM E**

**FOR SENIOR ADVOCATES**

*[ See Rule 5(a) of the Bar Council of India Certificate and Place of Practice (Verification) Rules, 2015 ]*

To,

The Secretary,  
Bar Council of Rajasthan  
High Court Buildings  
Jodhpur.

Passport size  
Photograph of  
Advocate

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Enrolment No. and Date: \_\_\_\_\_

Email Id: \_\_\_\_\_

Place where the Sr. Advocate to cast his vote in the elections of State Bar Council:

\_\_\_\_\_

Name/Place of Bar Association where the Senior Advocate casts his vote:

\_\_\_\_\_

Signature  
Designation & Seal of the authorized  
Signatory of Bar Association

Signature of Senior Advocate

Date: \_\_\_\_\_