



**OFFICE OF THE
KHYBER PAKHTUNKHWA BAR COUNCIL PESHAWAR**

KHYBER ROAD PESHAWAR

PH: 091-9211172, 091-9212415 Fax: 091-9213914

e-mail: support@kpbarcouncil.com

web site: www.kpbarcouncil.com

IDENTITY CARD FORM

***** NOTE: PLEASE FILL-UP ALL COLUMNS IN BLOCK LETTERS AND TYPED. *****

Card No: _____ (For Office Use)

Name: - _____

N.I.C No:

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Father Name: - _____

Present Address: - _____

Office Phone: - _____ **Home No:** - _____ **Cell No:** - _____

Enrolment Date:

Lower Court: - _____

High Court: - _____

Date Of Birth: - _____

Blood Group: - _____

Place of Practice: - _____ **Fresh / Duplicate Card:** - _____

Voter Member of :- _____

Dated: _____

Signature: _____

Secretary (KP BC): _____

NOTE: - Pleas submit two photographs of passport size in Advocate's uniform along with Payment slip of Rs.200/-as cost of the card deposited in the relevant Bank.

VERIFIED BY

It is certified that applicant namely _____ s/d/of _____ is a regular legal practitioner in the District/Tehsil/ Sub Tehsil Bar Association _____ having Bar Association Register No: _____.

Signature : - _____

Name of President or General Secretary Bar Association: _____

Signature: _____

Name of Concerned Member Bar Council: _____

OFFICE USE ONLY

Accountant Report: _____

B.F/R.F/Card Fee/Dues If Any: _____ (Accounts Section)

Report Disciplinary Incharge: _____ (Disciplinary Section)

Date of Issue: _____ Expiry Date: _____ (Enrollment Section)