



HIGH COURT BAR ASSOCIATION, NAGPUR

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PROFORMA APPLICATION FORM

Name:
(In CAPS)

(Surname)

(First Name)

(Middle Name)

Address:

(Office)

(Residence)

Sitting
Place
Details

Hall / Bar Room No. _____

Cubicle / Table No. _____

Phone No.

(Mobile)

(Office)

(Residence)

(Mobile)

(Office)

(Residence)

Email:

Date of
Birth:

(Date)

(Month)

(Year)

Blood Group: _____

I hereby declare that the information as provided by me is true & correct to my personal knowledge & belief.

Nagpur

Dated: ____/____/2022

(Applicant / Member)