

## Form-A

Column-III (Certification)

[See Rule 8.4 (iv) of BCI Certificate and Place of Practice (Verification)

Rules , 2015

This is to certify that Shri/Mr./Mrs./Ms SUJATHA R Advocate S/o, W/o, D/o M CHANDRASEKHARAN NAIR is a bona-fide member of the Bar practicing usually at ALAPPUZHA (ALLEPPEY) (name of the Bar Association, if any) and he/she has been practicing law since joining this Bar from the year 20 and has not left such practice and I further certify that the particulars disclosed by him/her in the accompanying application are correct to my knowledge and belief

Date: 18-3-2023
Name with Signature
Authorized Member
BAR COUNCIL OF KERALA

ALLEPPEY OF THE MOLLS

Name with Signature President/Secretary Bar Association

(Seal) President

The Alleppey Bar Association Alleppey, Phone: 0477 2264694

N.B > If the certification is made by any authorized member, State Bar Council of Bar Council of India, then the declaration should contain/attach the certified copies of at least 5 Vakalatnamas or any other document/cause list establishing that the advocate has been in practice for last 5 years. If such proof is not furnished, then the Administrative Committee shall consider the reason (if any) thereof and can pass orders to take an undertaking or affidavit from the Advocate, only after furnishing the affidavit asked by the Administrative Committee of State Bar Council, the application for verification shall be entertained and C O P (Form-B) would be granted.

BAR COUNCIL OF KERALA, Bar Council Bhavan, High Court Campus, Ernakulam, Kochi - 682 031 www.barcouncilkerala.org