APPLICATION FOR ISSUING DUPLICATE PLASTIC ID CARD

Name of the Advocate (As in Enrolment Certificate):	
Address:	
Date of Birth: DateM	IonthYear
Enroll No: AP/ /	
Enrolled On (Date):	
Contact No: Mobile	Landline
	SUING DUPLICATE PLASTIC ID CARD ent Certificate) :
Address:	
Place of Practice:	
Date of Birth: DateM	IonthYear
Enroll No: AP/ /	
Enrolled On (Date):	
Contact No: Mobile	Landline

Signature of the Applicant