

CHECK LIST

I verify that I have attached attested photocopies of the following documents (please tick the relevant)

SR.No.	CONTENTS LIST Tick the Relevant Box	TICK BOX	
		Yes	No
1.	Attested copy of CNIC.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Latest five passport size photographs.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Secondary School Certificate (Matriculation) or equivalent.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Intermediate Certificate or equivalent.	<input type="checkbox"/>	<input type="checkbox"/>
5.	B.A./B.Sc./B.Com. degree or equivalent.	<input type="checkbox"/>	<input type="checkbox"/>
6.	LL.B Degree or equivalent.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Masters' degree.	<input type="checkbox"/>	<input type="checkbox"/>
8.	LL.M degree or equivalent.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Domicile	<input type="checkbox"/>	<input type="checkbox"/>
10.	Any training certificate.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Departmental permission certificate, if any.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Enrollment certificate as an advocate of Lower Courts, if any.	<input type="checkbox"/>	<input type="checkbox"/>
13.	Enrollment certificate as an advocate of High Court.	<input type="checkbox"/>	<input type="checkbox"/>
14.	Membership certificate of High Court Bar Association.	<input type="checkbox"/>	<input type="checkbox"/>
15.	Experience certificate of two years' active practice as an advocate duly certified by the President District/Tehsil Bar Association showing number and date of registration as a member of the said Bar and duly countersigned by the District & Sessions Judge concerned.	<input type="checkbox"/>	<input type="checkbox"/>
16.	Character certificate by the President District/Tehsil Bar Association duly countersigned by the District & Sessions Judge concerned.	<input type="checkbox"/>	<input type="checkbox"/>
17.	Disability certificate issued by the Competent Disability Board showing suitability/fitness for the subject post as provided under Disabled Persons (Employment and Rehabilitation) Ordinance, 1981, if applied.	<input type="checkbox"/>	<input type="checkbox"/>
18.	Online bank deposit slip.	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE OF APPLICANT