Partner Enrollment Form

For Office Use only S/No. ……/District.-……/State…….. Date ……/……/……	**Place Your Self signed Passport Size recent photograph**

Full Name Mr. / Ms. / Mrs. (In Block Letters)……

Father's / Guardian's Name (In Block Letters)……

Present Address……

……

Telephone Nos. ……

Permanent Address……

……

Telephone Nos. ……

Mobile Nos. ……

Email & Web Address ……

Date of Birth……Place of Birth……Marital Status…… ……..

Academic Qualification ……

……

Enrollment Number, date and the name of State Bar Council ……

……

Membership Number, date and the name of District Bar Association……

……

……

Name of office in which Trained as an Apprentice/Junior with period of Training. ……..

……

Subject of expertise in Law ……

……

Practicing Branch of Law (Please ☑ which are applicable)

☐ Civil Suits ☐ Criminal Trials ☐ Taxation Disputes ☐ Consumer Disputes

☐ Copy Rights and Patent Disputes ☐ Land Revenue & Acquisition Proceedings

☐ Excise Disputes ☐ Labour Related Disputes ☐ Accidental Claims

Having a Separate Personal Office (Yes/No) ……

(If Separate) Address & Phone No.- ……

(If Joint with someone)

Name, Address, Phone Number & Enrollment Number of Joint Owner/User-

……

Joint Office's Address & Phone No.-

……

Sitting Place at the Court Premises- (Please ☑ which are applicable)

☐ Bar's Chamber ☐ Bar's Table of Joint Sitting Place.

Sitting Address or Location at Court Premises ……

……

Computer Proficiency (Yes/No) ……

Available Office Equipments/Staff at personal office (Please ☑ which are applicable)

☐ Computer ☐ Printer ☐ Scanner ☐ Fax ☐ Photo Copier ☐ Phone/cell

☐ Library ☐ Clerk ☐ Junior Lawyers/Apprentices

Law Journals Maintained

	Name of Journal	Maintained from the year
1	.....	.....
2	.....	.....
3	.....	.....
4	.....	.....
5	.....	.....
6	.....	.....
7	.....	.....

Whether Income Tax payee (Yes/No) .....

Permanent Account Number.....

Name of Nationalized Bank and Account Number.....

Other lawyers in family or in close relation:- (Yes/No).....

(If yes, their Names, Relation and Enrolment Numbers, name of State Bar Council and place of their Practice)

1.....

.....

2.....

.....

3.....

.....

4.....

.....

5.....

.....

6.....

.....

7.....

.....

Whether any family member or close relative is in Judicial Service :- (Yes/No) ……..

(If yes, their Names, Relation and Post with the Name of State Judiciary)

1……

2……

3……

4……

5……

6……

7……

Whether any family member or close relative is in Government Service :- (Yes/No)……

(If yes, their Names, Relation and Post with the Name of State Govt./Union Territory)

1……

2……

3……

4……

5……

6……

7……..

Languages Known

Reading & Writing ……

Speaking only……..

Reference 1. (Practicing Civil Lawyer of more than 10 years standing)

Name ……

Address ……

……

Telephone & Mobile Nos.

……

Email & Web Address ……

Reference 2. (Practicing Criminal Lawyer of more than 10 years standing)

Name ……

Address ……

……

Telephone & Mobile Nos. ……

Email & Web Address ……

Please Attach Attested Photostat Copies : (Please ☑ which are attached)

Enclosure 1. (Photo ID Proof) ☐

Enclosure 2. (Residential Address Proof) ☐

Enclosure 3. (Mark sheet of Law final year) ☐

Enclosure 4. (Enrollment Certificate or Identification Card issued by Bar Council) ☐

Enclosure 5. (Permanent Account Number Card issued by Income Tax Department) ☐

I HEREBY DECLARE THAT THE ABOVE MENTIONED INFORMATION/ENROLLMENT-DATA IS TRUE, ACCURATE, CURRENT & COMPLETE AND I'LL MAINTAIN & PROMPTLY UPDATE THE INFORMATION/ENROLLMENT-DATA TO KEEP IT TRUE, ACCURATE, CURRENT & COMPLETE. I AGREE TO INDEMNIFY AALA (THE COMPANY), THEIR SUBSIDIARIES, AFFILIATES, OFFICERS, EMPLOYEES, ASSOCIATES, & PARTNERS AND HOLD THEM HARMLESS FROM ANY/ALL CLAIMS & EXPENSES INCLUDING ATTORNEYS FEES MADE BY ANY THIRD PARTY DUE TO ARISING FROM MY SERVICES/ASSOCIATION TO/WITH THE COMPANY. I UNDERSTAND THAT THE COMPANY RESERVES THE RIGHT TO VERIFY/DISCLOSE ANY PERSONAL INFORMATION ABOUT ME OR MY SERVICES TO THE COMPANY TO ANY THIRD PARTY.

Place …… Signature ……

Date …… Name ……

……

Tentative Information

1. This proposal-format is only for empanelment of partners who will be designated as `Consultant (Business Development)' at District Level in the Legal Cell of AALA Co. Pvt. Ltd. while at regional offices they shall be designed as `Head Consultant (Business Development)'

2. The empanelled partners shall be paid Office Maintenance Allowances (OMA) cumulatively Rs. 60,000/- per annum from the date of empanelment. This amount as well as enhancement in it, will be based on performance and requirement of partner's office. At regional level office the Empanelled Partners shall be paid Office Maintenance Allowances (MAO) cumulatively Rs. 96,000/- per annum from the date of empanelment. This amount as well as enhancement in it will be based on performance and requirement of Regional Level Office. A phone and Internate Connection shall be installed at Partner's Office. A separate structured fee shall be payable to Empanelled Partners for conduction of the cases of AALA Co. Pvt. Ltd.

3. The inquiries regarding duties, rights, finance and procedure etc. of the Empanelled Partners from Madhya Pradesh and Chhattisgarh States shall be entertained only by the **Circle Office** situated at **Jabalpur**.

4. On receiving the properly filled up and signed Proposal Format of "Partner Empanelment Form" by post or courier service, its Receipt and `Initial Acceptance Number' shall be issued and informed to the proposed partner to his given email address.

5. The queries/questions regarding business and finance etc. shall only be entertained if the person making query has sent his proposal and has been allotted the `Initial Acceptance Number' by the circle office Jabalpur of AALA Co. Pvt. Ltd. **Please note that any other person shall not be allowed to make any inquiry.**

6. AALA Co. Pvt. Ltd. has an exclusive right and sole discretion to accept or reject the proposal looking to the suitability of the candidate. If any information is lacking or found to be untrue the proposal shall be rejected at the initial scrutiny. The rejection shall be informed through email and no further query shall be entertained in this regard.

7. The proposal senders are requested to call only on below mentioned phone Number of Circle Office Jabalpur as they shall not be entertained on Toll Free Number of the National Call Centre of AALA Co. Pvt. Ltd. Head Office (since this toll free number is meant for only the customers of the AALA regarding redress of their grievances).

8. The proposal format should be filled up completely with the self hand writing in clear English Language and the enclosures are compulsory. The format should be sent to **The Principal Consultant, AALA Company Pvt. Ltd. Circle Office Madhya Pradesh, 299/14, Vijay Nagar Jabalpur Pin- 482 002 Madhya Pradesh.**

9. At any situation of difficulty in filing the proposal format, the candidates may seek help/assistance on the phone number of Circle Office Jabalpur.

Principal Consultant,
AALA Company Pvt. Ltd.
Circle Office Madhya Pradesh,
299/14, Vijay Nagar, Jabalpur
Pin- 482 002 Madhya Pradesh
Phone -0761-3223603.
