



BAR COUNCIL OF INDIA

Rechecking Request Form All India Bar Examination - VII

Name:	
Father's Name:	
Complete Correspondence Address (with pincode)	
E-Mail	
Contact Number:	
Enrollment No:	
Application No:	
Roll No:	
Demand Draft No :	
Date on Demand Draft:	
Bank Name :	
Amount:	200/-
Amount in words:	Rs Two hundred only.
Payable to :	Bar Council of India
Payable at :	New Delhi
Will you visit Bar Council for Rechecking	YES / NO
If Yes, then providing the e-mail and contact details is mandatory	
Candidates's Signature :	