



## BAR COUNCIL OF INDIA

### Rechecking Request Form All India Bar Examination-XII

<b>Name:</b>	
<b>Father's Name:</b>	
<b>Complete Correspondence Address ( with pin code)</b>	
<b>E-Mail</b>	
<b>Contact Number:</b>	
<b>Enrollment No:</b>	
<b>Application No:</b>	
<b>Roll No:</b>	
<b>Demand Draft No :</b>	
<b>Date on Demand Draft:</b>	
<b>Bank Name :</b>	
<b>Amount:</b>	200/-
<b>Amount in words:</b>	Rs Two hundred only.
<b>Payable to :</b>	Bar Council of India
<b>Payable at :</b>	New Delhi
<b>Will you visit Bar Council for Rechecking</b>	<b>YES / NO</b>
<b>* Providing the E-Mail Id and contact details is mandatory</b>	
<b>Candidates Signature :</b>	