

FORM I
MEMORIAL
(Rule 4 (2))

PHOTOGRAPH

1. Name of the applicant: _____
2. Father's/ Husband's name: _____
3. Date of Birth: _____
4. Whether SC/ST/OBC/General/Disabled _____
5. Address(Residence): _____
_____ Pin _____
_____ Telephone: _____ Fax: _____ Email: _____
Address(Office): _____
_____ Pin _____
_____ Telephone: _____ Fax: _____ Email: _____
6. Educational qualifications (Please attached attested photocopies): _____
7. Enrolment No. and date(Please attached attested photocopies): _____

8. Practising in: _____

Civil side: _____

Criminal side: _____

Taxation: _____

Revenue courts: _____

9. Whether income tax assessee: _____

10. The memorial of (name of the applicant in block letters) showeth: _____

1. that the memorialist is a person eligible for appointment as notary under the notaries Act, 1953 and clause (a) of rule 3 of the Notaries Rules, 1956;
2. that the memorialist resides in _____ there state. the name of the local area or name of court where he intends to practise) and will reside for a period of _____ (state how long),
3. that the number of notaries in the local area is insufficient for the requirements thereof (the grounds of the statement should be stated);
4. that no previous application of the memorialist has been rejected or withdrawn by him, within the preceding six months.

The memorialist, therefore, prays that the government be pleased to appoint and admit him as a notary under and by virtue of the notaries Act, 1952 (53 of 1952) and clause (a) of the rule (3) of the Notaries Rules, 1956 to practice in _____ (here state the name of the local area).

Date, _____ day of _____

Signature of the Applicant

Sl.No.	Name and address Of Organisation	Profession	Name and address of the firm/Orgn.	Signature (with seal)
1.				
2.				
3.				
4.				
5.				

Note: (Under rule 4 (3) the memorial should be countersigned by a JudicialMagistrate, a Manager of a Nationalised Bank, a Mechant and two prominent inhabitants of the area where he intends as a notary)