

FORM I
MEMORIAL
(Rule 4 (3))

PHOTOGRAPH

1. Name of the applicant: _____

2. Father's/Husband's name: _____

3. Date of Birth: _____

4. Whether SC/ST/OBC/General: _____

5. Address(Residence): _____
_____ Pin _____

Telephone: _____ Fax: _____ E-Mail _____

Address (Office): _____
_____ Pin: _____

Telephone: _____ Fax: _____ E-Mail: _____

6. Educational qualifications (Please attach attested photocopies): _____

7. Enrolment No. and date (Please attach 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, 1952 and clause (a) of rule 3 of the Notaries Rules, 1956;
2. that the memorialist resides in _____ (here state the name of the local area or name of court where he intends to practise) and will reside for upwards 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 added):
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 that no previous application of the memorialist has been rejected or withdrawn by him, within the preceding six-months.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 Judicial Magistrate, a Manager of a Nationalized Bank, a Merchant and two prominent inhabitants of the area where he intends as a notary)

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: _____
- 5 Address(Residence): _____

_____ Pin _____

Telephone: _____ Fax: _____ E-Mail _____

Address (Office): _____

_____ Pin: _____

Telephone: _____ Fax: _____ E-Mail: _____

- 6 Educational qualifications (Please attach attested photocopies): _____
- 7 Enrolment No. and date (Please attach 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, 1952 and clause (a) of rule 3 of the Notaries Rules, 1956;
 2. that the memorialist resides in _____(here state the name of the local area or name of court where he intends to practise) and will reside for upwards of **life long** (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 added):
Due to increase in school, college, industries, litigation works and increasing population etc.
 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 Judicial Magistrate, a Manager of a Nationalized Bank, a Merchant and two prominent inhabitants of the area where he intends as a notary)

(FORM II)
(Rule 4(2))

PHOTOGRAPH

1.Name_____

2.Father's/Husband's name _____

3.Date of birth _____

4.Whether SC/ST/OBC/General_____

5.Address(Residence)_____

PIN_____

Telephone_____ Fax_____ E-mail_____

Address(office)_____

_____ PIN _____

Telephone _____ Fax _____ E-mail _____

6. Educational qualifications_____

7. Date of joining government service _____

8. Date of retirement_____

9. Post held at the time of retirement_____

10. Area where the memorialist intends to practice as Notary

Signature of the applicant

Dated_____ day of _____ 20_____

Statement of Column 10(3)

Due to increase in school, college, industries, litigation works and increasing population etc.

