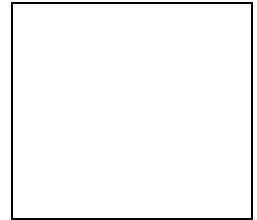


FORM I
Memorial

(See rule 4(2))



1. Name of the applicant _____
2. Father's /Husband's Name _____
3. Date of Birth _____
4. Whether SC/ST/OBC/General _____
5. Address _____

Pin _____ Telephone _____ Fax _____

E-Mail _____

Address(Office) _____

Pin _____ Telephone _____ Fax _____

E-Mail _____
6. Educational Qualifications (Please attaché attested photocopies)

7. Enrolment number & date (Please attach attested photocopies)

8. Practicing
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 a 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 practice) and will reside for upwards of _____ (state how long);
3. that the number of notaries practicing 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 that no previous application of the memorialist has been rejected or withdrawn by him, within the preceding six months;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 rule 3 of the Notaries Rules, 1956, to practice in _____ (here state the name of the local area).

Dated _____ day of _____ 20 _____

Sig. of the applicant