



- Please read the notification before filling the application form.
- Incomplete application form in any respect will be summarily rejected.
- False information/Information without relevant documents shall be summarily rejected.

1	Name (In Block Letters)	:	
2	Father's Name	:	
3	Gender	:	
4	Nationality	:	
5	Marital Status	:	
6	Spouse's Name (In case of married candidates)	:	
	Do you have more than one spouse living?	:	Yes/No
7	Complete Postal Address (In Block Letters) (Mention Post Office, Sub Division, District, State and PIN code)		
8	E-mail address (Please ensure that the E-mail is active)	:	
9	Mobile Number	:	
10	Are you a bonafide domicile of Haryana?	:	Yes/No
11	Category (Gen/DSC/OSC/BC-A/BC-B/EWS)	:	
12	Do you belong to category of persons with Benchmark Disability of the State of Haryana?	:	Yes/No
	If yes, specify the category of disability	:	
13	Do you belong to category of Ex-servicemen of the State of Haryana?	:	Yes/No
14	In case candidate belongs to reserved category as per the Notification:		
	(i) Specifically state the category under which you are claiming reservation	:	
	(ii) Mention the details of the certificate	:	Certificate No..... Date of Issuance..... Issuing Authority.....

Signature of the Candidate with Date_____

15	Date of Birth (DD/MM/YYYY)				:	
	(i) Actual Age as on 31.07.2025				:	Years.....Months.....Days
16	Details of Educational Qualifications					
	Sr. No.	Year	Examination	%age of Marks	Name of Board/University	
17	Have you passed matriculation examination with Hindi as one of the compulsory or elective subject or any other equivalent examination in Hindi Language, specified by the Government from time to time?				:	Yes/No
18	Date of Enrolment as an Advocate				:	
	Enrolment No.				:	
19	Whether you have 07 years of continuous practice as an Advocate				:	Yes/No
	If yes, specify the total period of practice as an Advocate				:	Years.....Months.....Days
	Details of practice as an Advocate					
20	Are you in Government Service?				:	Yes/No
	If yes, give the following details:					
	Name of Department	Name of post held	Post held since	Total period	Remarks	

Signature of the Candidate with Date_____

21	Whether any Criminal Case is pending/registered against you?	:	Yes/No
	If yes, then give details of the case and its present status with relevant documents:-		
22	Whether you have been convicted for any offence involving moral turpitude or have been permanently debarred or disqualified by any State or Union Government, High Court or UPSC or any State Public Service Commission from appearing in any examination or interview?	:	Yes/No
	If yes, then Mention the punishment/sentence, if any (attach copy of judgment/order/any other relevant document)		
23	Whether you have ever been suspended/discharged/terminated/removed/reduced in rank or dismissed from service by the Central or the State Govt. or the Boards or Corporation?	:	Yes/No
	If yes, then give details and mention reasons/circumstances of such punishment with relevant documents:-		
24	Whether you being an Advocate, were found guilty of professional misconduct under the provisions of Advocates Act, 1961 (Central Act 25 of 1961) or any other law for the time being in force?	:	Yes/No
	If yes, then give details and attach relevant documents.		
25	Are you an income tax assessee for at least three assessment years preceding the date of application with gross professional income of not less than rupees five lakhs per annum for General category [Rupees three Lacs in case of SC, BC, EWS, ESM & PwBD (VH, OH) candidates of Haryana State]?	:	Yes/No
	State and attach proof of Income Tax Returns for the last three assessment years showing the Gross Income from Profession.		
	Assessment Year	Gross Income from Profession as per ITRs (Rs.)	
	2023-24 (F.Y. 2022-23)		
	2024-25 (F.Y. 2023-24)		
	2025-26 (F.Y. 2024-25)		

Signature of the Candidate with Date_____

26	Do you fulfill the condition of independent engagement and conducting of not less than 50 cases (other than bunch cases) per year for General Category in the preceding three years [40 cases (other than bunch cases) per year in case of SC, BC, EWS, ESM, PwBD(VH,OH) candidates of Haryana State in the preceding three years]?		:	Yes/No		
	Details of cases conducted as per Annexure '3' of the Notification					
	Period		No. of cases conducted independently			
	01.06.2022 to 31.05.2023					
	01.06.2023 to 31.05.2024					
01.06.2024 to 31.05.2025						
27	Details of Examination Fee		:	Name of Bank		
				Bank Draft No.		
				Date		
				Amount (Rs.)		
28	Whether the list of requisite documents enclosed with the application form as per Clause 10.4 & 10.5 of the Notification?		:	Yes/No		

DECLARATION

I hereby declare that all the statements made in this application form above are true and correct to the best of my knowledge and nothing has been concealed or misrepresented. In the event of any information being found false/incorrect/ concealed or misrepresented at any stage, my candidature shall be liable to be cancelled and I shall also be liable for appropriate legal action including dismissal, removal, etc. even after appointment. I have also perused and accepted the Terms and Conditions mentioned in the notification as well as in the Annexures.

Place:

(Signature of the candidate)

Date:

NAME : _____

Annexure-2

HARYANA SUPERIOR JUDICIAL SERVICE EXAMINATION 2025

SELF DECLARATION REGARDING ELIGIBILITY

Name of the Candidate_____

Father's Name _____

Category in which applied _____

INCOME DETAILS

Assessment Year	Gross Professional Income (Rs)	Income as per ITR (Rs.)
2023-2024 (F.Y. 2022-23)		
2024-2025 (F.Y. 2023-24)		
2025-2026 (F.Y. 2024-25)		

Note:- Gross Professional Income assessed by the Income Tax Department shall be taken into consideration.

DETAIL OF NUMBER OF CASES CONDUCTED

01.06.2022 to 31.05.2023	
01.06.2023 to 31.05.2024	
01.06.2024 to 31.05.2025	

Certified that I have attached proof of Gross Professional Income and List of Number of Cases conducted, as per rule 11 (bb) of the Haryana Superior Judicial Service Rules, 2007.

SIGNATURE OF THE CANDIDATE (with date)

Annexure-3

DETAIL OF CASES CONDUCTED FROM 01.06.2022 TO 31.05.2023

Sr. No.	Case No.	Title	Case/P.O.A. Filed in the Court with Date	Appeared for	Status

SIGNATURE OF THE CANDIDATE (with date)

DETAIL OF CASES CONDUCTED FROM 01.06.2023 TO 31.05.2024

Sr. No.	Case No.	Title	Case/P.O.A. Filed in the Court with Date	Appeared for	Status

SIGNATURE OF THE CANDIDATE (with date)

DETAIL OF CASES CONDUCTED FROM 01.06.2024 TO 31.05.2025

Sr. No.	Case No.	Title	Case/P.O.A. Filed in the Court with Date	Appeared for	Status

SIGNATURE OF THE CANDIDATE (with date)

INSTRUCTIONS FOR THE CANDIDATES

All the candidates are directed to observe the following instructions strictly at the time of written test:

- a) Candidates shall read all the instructions printed on the answer-sheet and question paper and instructions incorporated hereunder carefully and comply with the same strictly. Disobedience may lead to disqualification.
- b) No candidate will be admitted to the examination unless he/she holds a certificate of Admission/Admit Card from the High Court of Punjab and Haryana, Chandigarh.
- c) No candidate will carry any paper, note-book, writing material, help book having any nexus with the examination. Possession of a mobile phone or any other electronic device in the examination hall is also strictly prohibited.
- d) No candidate will write his/her roll number at a place other than the one prescribed on the answer-sheet.
- e) Any mark including any religious mark on the answer-sheet, whereby an answer-sheet can be identified to be of a particular candidate, is prohibited. Highlighting/underlining of the answers would also be deemed to be identification marks, which will entail disqualification.
- f) Candidates are required to attempt questions in the same order in which they are in the question paper.
- g) Candidates will not talk to each other during the course of the examination.
- h) The answer-sheet of the candidate using unfair means will be confiscated and such candidate will stand disqualified.
- i) Canvassing in any form or at any stage shall be considered a disqualification.

UNDERTAKING OF INSTRUCTIONS

I undertake to abide by the afore-mentioned conditions.

Signature of the candidate_____

Name (in capital letters) _____

FORM OF DECLARATION REGARDING BACKWARD CLASS STATUS

I, _____ S/o D/o Sh. _____ R/o _____ belong to backward class (_____Caste) which has been declared as backward class by Government of Haryana.

That no change occurred in my previous status and I do not fall in the section of creamy layer as per Haryana Government Notification No. 40/13/2024-1SW dated 16.07.2024.

SIGNATURE OF THE CANDIDATE

Place:

Date:

Verification:-

I hereby declare that the above stated information is true and correct to the best of my knowledge and nothing has been concealed therein. I understand that if any information stated above is found to be incorrect then I will be liable for any legal/disciplinary proceedings and my candidature shall be rejected.

SIGNATURE OF THE CANDIDATE

Place:

Date:

“NO OBJECTION CERTIFICATE”

(To be issued by the Head of the Department in case the candidate is serving in any Government Departments/Semi-Government Departments or in any Corporations/ Boards)

No._____

Dated:_____

It is certified that Shri/Ms. _____Son/Daughter of Shri_____ is serving in this office and the undersigned has no objection if he/she appears in the test for the post of Additional District & Sessions Judge’, in the State of Haryana. The service particulars of the candidate are as under:-

1. Office where employed: _____
2. Date of initial appointment: _____
3. Date of present employment: _____
4. Total length of service: _____
5. Present Designation: _____
6. Pay Scale: _____
7. Regular/ Temporary/ Ad-hoc/
Deputation/ Transfer basis
(please Specify) _____
8. If on deputation/transfer, give
details of the parent office and
information about his lien etc. _____
9. Lien retained on any post. If
yes, Give details _____
10. Whether any departmental
proceedings initiated or likely
to be initiated or Minor/
major punishment imposed?
If so, give details: _____
11. Any other relevant
information: _____

Dated:_____

Signature of the Authority
Designation: _____
Seal

Annexure-7

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE

This is to certify that, I have examined Mr/Ms/Mrs._____ (name of the candidate with disability), a person with _____ (nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o_____, a resident of _____ (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent of a
Government health care institution

Name & Designation

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment – Ophthalmologist, Locomotor Disability – Orthopaedic specialist/PMR)

Annexure-8

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

This is to certify that, we have examined Mr/Ms/Mrs (name of the candidate), S/o /D/o, a resident of(Vill/PO/PS/District/State), aged yrs, a person with (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date: