FORM NO. 12

(See rules 59 and 65)

FORM OF VAKALATNAMA

ARMED FORCES TRIBUNAL,		BENCH
O.A./R.A./C.A./A.T./M.A./	No	of 20
		Applicant/s
	Versus	
		Respondent/s

Place	
Date	

Executed in my presence. *Signature with date (Name and designation) Name and address of the Legal Practitioner for service. "Accepted"

Signature of the party.

Signature with date [Name of the Legal Practitioner]

*The following certification to be given when the party is unacquainted with the language of the Vakalatnama or is blind or illiterate:

The contents of the *Vakalatnama* were truly and audibly read over/translated into language known to the party executing the *Vakalath* and he seems to have understood the same.

Signature with date (Name and Designation)