

DISTRICT & SESSION COURT AHMEDABAD (RURAL)
M.A.C.P.CASE FILLING FORM

(TO BE FILLED IN ENGLISH BLOCK LETTER ONLY & MARK AT APPROPRIATE PLACE, MARKED * FILED ARE COMPULSARY)

APPLICANT'S DETAIL:	REMARKS
NAME:	
FATHER /MOTHER/HUSBAND NAME:	
ADDRESS:	
SEX.: MALE () FEMALE () AGE. CASTE :	
NATIONALITY: OCCUPATION :	
APPLICANT ACCOUNT NO.	
BANK NAME :	
BRANCH NAME :	
IFSC CODE NO:	
AADHAR CARD NO:	
CLAIMANT'S HAVING PAN CARD NO YES () NO ()	
IF YES PAN NO.	
IN CASE THE APPLICATION PENDING FOR GETTING THE PAN CARD NO. PROVIDE THE APPLICATION NO OR REFERENCE NO. WITH SUPPORTING DOCUMENTS	
CLAIMANT'S IS/ARE INCOME TAX ASSESSEE YES () NO ()	
FIRST PAGE PHOTO COPY OF PASSBOOK DULY ATTESTED BY THE BANK	
OPPONENT DETAIL	
NAME :	
FATHER/MOTHER/HUSBAND NAME:	
ADDRESS:	
NAME OF THE INS.COMPANY:	
CASE DETAIL	
CLAIM RS. FATAL () INJURY () DAMAGE ()	
SECTION: INTERIM APPLN YES/NO	
NAME OF THE POLICE STATION :	
F.I.R NO. F.I.R.YEAR DATE OF ACCIDENT	
PLACE OF ACCIDENT:	

DATE:

NAME & SIGNATURE

નોંધ: વધુમાં જણાવવાનું કે જે પક્ષકારો પાનકાર્ડ ધરાવતા ન હોય તેઓએ અત્રેની ડીસ્ટ્રીક્ટ કોર્ટમાં જિલ્લા કાનુની સેવા સત્તા મંડળના કુલ ટાઈમ સેક્રેટરી સાહેબશ્રીનો સંપર્ક કરવો