

(PLEASE FILL THIS FORM IN ENGLISH LANGUAGE WITH CAPITAL LETTERS)

NO. OF APPLICANT/ COMPLAINANTS	POLICE STATION				
	FIR NO.	YEAR			
NAME OF APPLICANT/ COMPLAINANT	AGE:	GENDER: M <input type="checkbox"/>	F <input type="checkbox"/>	O <input type="checkbox"/>	
	PHYSICALLY HANDICAPPED : <input type="checkbox"/>				
ADDRESS OF APPLICANT / COMPLAINANT					
APPLICANT'S MOBILE NO.	APPLICANT'S E-MAIL ID				
APPLICANT'S ADVOCATE NAME					
APPLICANT'S ADVOCATES MOBILE NO.	ENROLMENT NO. :				
APPLICANT'S ADVOCATE E-MAIL ID					
NO. OF OPPONENT/ RESPONDENT					
NAME OF OPPONENT/ RESPONDENT	AGE :	GENDER: M <input type="checkbox"/>	F <input type="checkbox"/>	O <input type="checkbox"/>	
	PHYSICALLY HANDICAPPED : <input type="checkbox"/>				
ADDRESS OF OPPONENT/ RESPONDENT					
RESPONDENT MOBILE NO.	RESPONDENT E-MAIL ID :				
RESPONDENT ADVOCATE NAME					
RESPONDENT ADVOCATES MOBILE NO.	ENROMENT NO. :				
RESPONDENT ADVOCATE EMAIL ID					
ACT					
SECTION					
FEES ENTRY	1) COURT FEES (RS.)				
	2) PROCESS FEES (RS.)				
	3) SEARCH FEES (RS.)				
ADVOCATE SIGN: _____					
<b>FOR OFFICE USE ONLY</b>					
CASE TYPE	CASE NO.	YEAR			
DATE OF FILING	STAGE				
NEXT DATE	NATURE CODE				
NAME OF JUDICIAL OFFICER					
DESIGNATION	COURT NUMBER				
SUIT VALUE					