

Mobile-Email Details Collection Form for Advocates

(Please use Capital Letters only)

Advocate Name (Capital letters only)			
	SURNAME	FIRST NAME	MIDDLE NAME
Sex	Male / Female		
Date of Birth			
	DD	MM	YYYY
Bar Registration Number	/ _____ / _____		
Residential Address			
Office Address			
District			
email			
Mobile No.		Phone Office	
Phone Residence		Fax No. (If, available)	

मराठी

विधीज्ञाचे नाव			
	आडनाव	स्वतःचे नाव	वडिलांचे नाव
निवासस्थानाचा पत्ता			
कार्यालयाचा पत्ता			

Date:

Signature of Advocate