

City Civil & Sessions Court, Chhotaudepur

M.A.C.T. Case Filling Form

[To be Filled In English Block Letters Only & Mark ✓ At Appropriate Place, Marked with * Filed are compulsory]

Case Type :	
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Applicant Details :

*Name :	Surname:
*Father/Mother/Husband (Strike out which is Not Applicable)	
*Address:	*Pin Code:
*Sex : M () F () T ()	*Age : Caste :
Nationality :	Occupation :
*Advocate No.	*Advocate Name :
Phone No :	E-mail ID : Mobile :

Opponent Details :

*Name :	
Father/Mother/Husband (Strike out which is Not Applicable)	
*Address:	
*Sex : M () F () T ()	Age : Caste :
Nationality :	Occupation :
Advocate No.	Advocate Name :
Phone No :	E-mail ID : Mobile :

Case Details :

Subject / Claim Rs.:	
* Act :	Fatal: () Injury: ()
* Section :	Interim Application: Yes / No
Police Station Name :	
F.I.R No :	F.I.R Year : Date Of Accident :
Place of Accident :	
Vehicle No :	
Main Matter Details :	
Case Type :	Case No : Case Year :

Date :

Name & Signature

For Office Use Only

Case Type :	
Filling No :	Filling Date :
Obj. Raised Date :	Obj. Complaine Date :
Registration No :	Registration Date :
Listing Date :	Purpose :
Alloted to Court :	Allocation Date :
Case Code :	Classification Code :

Filling Done By	Objection Raised By	Registration Done By	Allocation Done By