

Mobile / e-mail Details Collection Form for Advocates

Court Complex:			
District :	KOZHIKODE		
Advocate Name : (Please use Capital Letters)			
SEX :	MALE / FEMALE		
Date of Birth			
	DD	MM	YYYY
Bar Council Registration No.			
Residential Address : (Please use Capital Letters)			
Office Address : (Please use Capital Letters)			
District :			
e-mail :			
Mobile No. :		Phone Office :	
Phone Residence :		Fax No. (if available)	

Date:

Signature of Advocate

Seal