

Mobile – Email Details Collection Form for Advocates
(Please use Capital Letters Only)

Name of the Court Complex :-			
District			
Advocate Name * (in English) ->			
मराठी मध्ये * ->			
	Surname	First Name	Middle Name
Sex	Male / Female		
Date of Birth			
	DD	MM	YYYY
Bar Council Registration Number *			
Date of Registration of Bar Council *			
Residential Address			
Office Address			
District			
Email *			
Mobile No.*		Phone No. (Office)	
Phone Residence		Fax No. (If Available)	

Information marked with “*” is mandatory.

Please attach proof of Bar Council Registration Number/Date, without proof this form will not accepted.

Date :

Signature of Advocate

Stamp & Sign of President Bar Association *	Stamp & Sign of Registrar, District Court Dhule *