

Registration Form (in CIS) for Advocates

(Please use Capital letters only)

<i>Court Complex</i>	<i>SHIMLA</i>		
<i>District/Talukas</i>	<i>SHIMLA</i>		
<i>Advocate Name</i>			
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<i>Sex</i>	<i>MALE/FEMALE</i>		
<i>Date of Birth</i>	<i>DD</i>	<i>MM</i>	<i>YYYY</i>
<i>Bar Council</i> <i>(Registration Number)</i>	<i>HIM</i>		
<i>Residential Address</i>			
<i>Office Address</i>			
<i>Email</i>			
<i>Mobile/Land Line No.</i>			

Date:

Signature of Advocate