

PRESCRIBED FORMAT

**MOBILE NUMBER AND EMAIL ADDRESS OF ADVOCATE FOR NEW
REGISTRATION AND UPDATION IN CIS SOFTWARE
(in Capital Letters)**

Name of the Advocate (Name followed by Initial at end)			
Bar Enrolment Number	MS	XXXX	YYYY
Gender	Male / Female / Transgender		
E-Mail Id			
Office Number			
Mobile Number			
Date of Birth	DD	MM	YY
Office Address with pin code			
Residential Address with pin code			

Place :

Date :

Signature of the Advocate