

**MOBILE-EMAIL DETAILS COLLECTION FORM FOR ADVOCATES**

(PLEASE USE CAPITAL LETTERS ONLY)

<b>COURT COMPLEX:</b>	JUDICIAL COURTS COMPLEX,		
<b>DISTRICT:</b>	HIMACHAL PRADESH		
<b>* ADVOCATE NAME</b>			
	SURNAME	FIRST NAME	MIDDLE NAME
<b>SEX</b>	MALE / FEMALE		
<b>*DATE OF BIRTH</b>			
	DD	MM	YYYY
<b>* BAR COUNCIL REGISTRATION NUMBER</b>			
<b>RESIDENTIAL ADDRESS</b>			
<b>OFFICE ADDRESS</b>			
<b>DISTRICT</b>			
<b>EMAIL</b>			
<b>* MOBILE NO.</b>		PHONE OFFICE	
		FAX NO. (IF, AVAILABLE)	
<b>PHONE RESIDENCE</b>			

\* COLUMNS ARE MANDATORY

DATE:

SIGNATURE OF ADVOCATE