SCHEDULE II

Request Form for Video Conference

1. **Case Number / CNR Number (if any)** :_____
2. **Cause Title** :_____
3. **Proposed Date of conference (DD/MM/YYYY):**_____
4. **Location of the Court Point(s)** :_____
5. **Location of the Remote Point(s)** :_____
6. **Names & Designation of the Participants at the Remote Point:**_____

   _____
7. **Reasons for Video Conferencing** :_____

   In the matter of :_____
8. **Nature of Proceedings: Final Hearing** ☐ **Motion Hearing** ☐ **Others** ☐

I have read and understood the provisions of Rules for Video Conferencing for Courts (hyperlink). I undertake to remain bound by the same to the extent applicable to me. I agree to pay video conferencing charges if so, directed by the Court.

Signature of the applicant/authorised signatory **Date:** _____
Name : _____, **Designation:** _____
Address: _____

For use of the Registry / Court Point Coordinator

A) Court / Bench assigned	:_____
B)Hearing	:_____
Held on (DD/MM/YYYY)	:_____
Commencement Time	:_____
End time	:_____
Number of hours	:_____
C)Costs	:_____
Overseas transmission charges if any	:_____
To be Incurred by Applicant /Respondent:	_____
To be shared equally	:_____
Waived; as ordered by the Court	:_____
Signature of the authorised officer	:
Date	: