

FORM-A

(To be filled in capital letters)

ADVOCATE DETAILS FOR UPDATION OF MASTER DATABASE IN CIS 3.2

Name of Advocate * (short name for cause list)		For Office use only
Full Name *		Advocate code: <input data-bbox="1123 470 1468 520" type="text"/>
Date of Birth		Remarks, if any
Bar Registration Number *		
Advocate Type		
Gender		
E-mail ID *		Acknowledgement received Dated:
Mobile No.		
Phone No.		

	Office/Chamber	Residence
Address		
State & PIN		
District		
Town		
Ward		
Taluka/Sub Division		
Village		