

## Mobile & Email Details Collection Form for Advocate

(Please use Capital Letters only)

District			
Court Complex			
Bar Council Regn. No.			
Advocate Name (English)			
	Surname	First Name	Middle Name
वकीलांचे नाव (मराठी)			
Sex	Male / Female		
Date of Birth			
Mobile No.:		Office Phone:	
E-mail ID:			
Residence Phone:		Fax no.: (if available)	
Office Address			
Residential Address			

Date:

Signature of Advocate