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 Remote Point(s):_____
6. Name & 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**. 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
Date:

For use of the Registry / Court Point Coordinator

A) 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 authorized officer
Date:

Witness Details:-

1. Name :-
2. Age :-
3. Father’s Name :-
4. Occupation :-
5. Religion :-
6. Address :-