

Registration Form (in CIS) for Advocates

(Please use Capital letters only)

Court Complex	UNA/AMB		
District	UNA H.P.		
Advocate Name			
	First Name	Middle Name	Last Name
Sex	MALE/FEMALE		
Date of Birth			
	DD	MM	YYYY
Bar Council (Registration Number)	HIM		
Residential Address			
Office Address			
Email			
Mobile No.		Phone Office	
Phone Residence		Fax No.	

Signature of Advocate

Date: