

Annexure-II

**Mobile-Email Details Collection Form for Advocates
(Please use Capital Letters only)**

Court Complex:			
District :			
Advocate Name			
	SURNAME	FIRST NAME	MIDDLE NAME
Sex	Male / Female		
Date of Birth			
	DD	MM	YYYY
Bar Council Registration Number			
Residential Address			
Office Address			
District			
Email ID:			
Mobile No:		Phone - Office:	
Phone Residence:		Fax No.(if available)	

Date:

Signature of Advocate