

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 the Remote Point(s): _____
6. Names & 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 (<https://sonapat.dcourts.gov.in/document/video-conferencing-rules>). 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/authorized signatory:

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 authorised officer:

Date: