

DISTRIC COURT MANJERI

Mobile-Email Details Collection Form for Advocates

(Please use Capital Letters only)

Court Complex:			
District	MANJERI		
Advocate Name	SUR NAME	FIRST NAME	MIDDLE NAME
Sex	Male / Female		
Date of Birth			
	DD	MM	YYYY
Bar Council Registration Number			
Residential Address			
Office Address			
District			
E-mail			
Mobile Number		Office	
Phone Residence		Fax No. (If, available)	

Date:

Signature of Advocate

Note: Please do not resubmit this application to District Court Office if already submitted to concerned Bar Association to avoid duplication