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):-	
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 <u>for Video Conferencing for Courts</u> (hyperlink). 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:-	
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:	
[No.02/SRO/2021]	

राज्य केन्द्रीय मुद्रणायल ,जयपुर