Office of the Principal District & Sessions Judge, Sheohar

Email Id- dj.sheohar-bih@gov.in **website: https://sheohar.dcourts.gov.in/**

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. Location of the Advocate's Remote Point(s)

7. Names & Designation of the Participants at the Remote Point:

8. Reasons for Video Conferencing:

In the matter of

9. Nature of Proceedings: Final Hearing ☐ Motion Hearing ☐ Others ☐

I have read and understood the provisions of Rules for Video Conferencing for Courts (hyperlink). 1 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/authorised 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: