

PRESCRIBED FORMAT

MOBILE NUMBER AND EMAIL ADDRESS OF ADVOCATE DETAILS
FOR NEW REGISTRATION AND UPDATION IN CIS SOFTWARE
(in Capital Letters)

Name of the Advocate*			
Name of the Registered Bar Association*			
Bar Enrollment Number (MS/XXXX/YYYY) *			
Gender(M/F/T) *	Male / Female / Third gender		
E-Mail Id *			
Office Number			
Mobile Number *			
Fax Number			
Date of Birth *	DD	MM	YYYY
Office Address with pin code *			
Residential Address with pin code			

Place :

Date :

Signature of the Advocate