

Mobile-Email Details Collection Form for Advocates

(Please use Capital Letters only)

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

Date:

Signature of Advocate

* Mandatory Fields