

Mobile-Email Details Collection Form for Advocates

(Please use Capital Letters only)

Court Complex:			
District:			
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)	

वकीलाचे मराठीमध्ये पुर्ण नाव :

Date:

Signature of Advocate