

Mobile –Email Details Collection form for Advocates

(Please use Capital Letters Only)

Court Complex	PRL. DISTRICT COURT COMPLEX, PEDDAPALLI		
District	PEDDAPALLI		
* Advocate Name			
	SURNAME	NAME	
Sex (✓)	Male / Female		
Date of Birth			
	DD	MM	YYYY
* Bar Counsel Registration Number			
Residential Address			
Office Address			
District	PEDDAPALLI		
* Email			
* Mobile Number			
Phone Office			

* Mandatory fields.

Date:

Signature of Advocate