

## Mobile –Email Details Collection form for Advocates

(Please use Capital Letters Only)

Court Complex			
District	<b>PEDDAPALLI</b>		
<b>* Advocate Name</b>			
	SURNAME	NAME	
Sex (✓)	Male / Female		
Date of Birth			
	DD	MM	YYYY
<b>* Bar Counsel Registration Number</b>			
Residential Address			
Office Address			
District	<b>PEDDAPALLI</b>		
<b>* Email</b>			
<b>* Mobile Number</b>			
Phone Office			

\* Mandatory fields.

Date:

Signature of Advocate