

DISTRICT AND SESSIONS COURT, LATUR

Advocate Code Registration Form

Court Complex Name			
Taluka		District	
Advocate Name (Capital letters only)			
	SURNAME	FIRST NAME	MIDDLE NAME
Sex	Male / Female		
Date of Birth			
	DD	MM	YYYY
Bar Registration Number (Attach Xerox Copy)	MAH / /		
Residential Address			
Office Address			
District			
E-mail			
Mobile No.		Phone Office	
Phone Residence		Fax No. (If, available)	

वकीलांचे नांव			
	आडनाव	स्वतःचे नांव	वडीलांचे/पतीचे नांव
कार्यालयीन पत्ता:			
रहिवासाचा पत्ता:			

Date:

Signature of Advocate