ADVOCATE C.I.S REGISTRATION FORM

Advocate Name*			
(Capital letters only)	FIRST NAME	MIDDLE NAME	SURNAME
Gender (Male/Female/Others)*			
Date of Birth*			
	DD	MM	YYYY
Bar Registration Number*	BR/_____/_____		
Residential Address*			
Office Address			
District*			
Email*			
Mobile No.*		Phone Office	
Phone Residence		Fax No. (If, available)	

Forwarded by:

……
Secretary, BAR Association
Darbhanga

……
Signature of Applicant

Civil Court, Darbhanga