

## ADVOCATE CIS 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	Purnea		
email			
Mobile No.		Phone Office	
Phone Residence		Fax No. (If, available)	

Date:

Signature of Advocate