ADVOCATE'S CIS REGISTRATION FORM

(Please fill-up the below details in Block Letters)

1. Advocate Name:
   (Short name for Cause List)

2. Full Name:

3. Advocate Type: Advocate/ Govt. Pleader/ Law Firm/ Legal Aid

4. BAR Registration No.: Reg. No_____ Year_____ State _____

5. Gender:

6. Date of Birth:

7. Mobile No.:

8. Email:

9. Differently abled: Yes/ No

10. Office Address:

11. Residential Address:

Date: Signature of Advocate