

**Mobile - Email Details Collection Form for Advocates**  
(Please use Capital Letters Only)

Court Complex :
District :

Advocate Name			
( Capital letters only)	SURNAME	FIRST NAME	MIDDLE NAME
Sex	Male / Female		
Date of Birth			
	DD	MM	YYYY
Bar Council Registration Number	MAH/_____/_____		
Residential Address			
Office Address			
District	Satara		
email			
Mobile No.		Phone Office	
Phone Residence		Fax No. (If, available)	

मराठी			
-------	--	--	--

विधीज्ञाचे नाव			
	आडनाव	स्वतःचे नाव	वडिलांचे नाव
निवासस्थानाचा पत्ता			
कार्यालयाचा पत्ता			

Date :

Signature of Advocate