

**PRESCRIBED FORMAT**

**MOBILE NUMBER AND EMAIL ADDRESS OF ADVOCATE FOR  
NEW REGISTRATION AND UPDATION IN CIS SOFTWARE  
(in Capital Letters)**

Name of the Advocate *			
Bar Enrollment Number (MS/XXXX/YYYY) *			
Gender(M/F/T) *	Male / Female / Third-gender		
E-Mail Id *			
Office Number			
Mobile Number *			
Fax Number			
Date of Birth *	DD	MM	YYYY
Office Address with pin code *			
Residential Address with pin code			

Place :

Date :

Signature of the Advocate