

## **Annexure – II**

### **Information to be provided by Defendant /Defendant No. 1/ N. A. at the time of appearance**

#### **Appearance of Defendant**

- 1 Annexure – II (a) : Information to be provide by Defendant/Defendant No. 1 at the time of appearance.
- 2 Annexure – II (b) : If more than one Defendants are there, details of each Defendant is to be submitted independently.

**Note :** Annexure II (a) and II(b) be sent along with summons for appearance.

## ANNEXURE – II (a)

### Information to be provided by Defendant / Defendant No. 1

Tick (✓) the correct option, whenever necessary.

● **DEFENDANT DETAIL INFORMATION :**

Whether Defendant/Applicant is an Organisation (Tick (✓) the correct option)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, Organisation Details									
Full name of Defendant / Defendant No.1 (Tick (✓) the correct option)	<table border="1" style="width: 100%; text-align: center;"><tr><td>Mr</td><td>Mrs</td><td>Ms</td><td>Shri</td><td>Dr</td><td>CA</td><td>Er</td><td>Prof</td></tr></table>	Mr	Mrs	Ms	Shri	Dr	CA	Er	Prof
	Mr	Mrs	Ms	Shri	Dr	CA	Er	Prof	
_____ Surname                      First Name                      Middle Name									
Complete Postal Address of Defendant / Defendant No.1									
Country of Defendant / Defendant No. 1 If other, provide name (Tick (✓) the correct option)	<input type="checkbox"/> India <input type="checkbox"/> Other _____								
Country of Defendant / Defendant No. 1									
Nationality of Defendant / Defendant No. 1									
Mobile No of Defendant / Defendant No. 1									
How many defendant are there (Provide Number)									
Email-id of Defendant / Defendant No.1									
Date of Birth of Defendant/Defendant No.1	____/____/____ (DD/MM/YYYY)								
Age of Defendant / Defendant No.1									
Gender (Tick (✓) the correct option)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender								
Occupation of Defendant / Defendant No.1									
Name of Advocate									
	_____ Surname                      First Name                      Middle Name								
Bar Reg. No									

## **ANNEXURE – II (b)**

- If more than one Defendant / N.A. are there, details of each Defendant is to be submitted independently.

<b>● Extra Party Information of Defendant No. _____ (Defendant Side)</b>	
Full name of Defendant / Defendant No. ____	
Full Address	State
	District Taluka
	Village Pincode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country If other, provide name <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> India <input type="checkbox"/> Other _____
Nationality	
Mobile No.	
Email-id	
Date of Birth	____/____/____ (DD/MM/YYYY)
Age	
Gender <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Occupation	