

ANNEXURE – VI

Information to be submitted by respondent at the time of appearance.

Appearance of Respondent

	Respondant's Information		
1.	Annexure – VI (a)	:	Information to be provide by Respondent/Respondent No. 1
2.	Annexure – VI (b)	:	If more than one Respondent are there, details of each Defendant is to be submitted independently.

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

ANNEXURE - VI (a)

Information to be provided by Respondent / Respondent No. 1

Tick (✓) the correct option, whenever necessary.

● **DEFENDANT DETAIL INFORMATION :**

Whether Respondent/Applicant is an Organisation <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
If Yes, Organisation Details																									
Full name of Respondent / Respondent No.1 <i>(Tick (✓) the correct option)</i>	<table border="1" style="width: 100%;"><tr><td style="width: 12.5%; text-align: center;">Mr</td><td style="width: 12.5%; text-align: center;">Mrs</td><td style="width: 12.5%; text-align: center;">Ms</td><td style="width: 12.5%; text-align: center;">Shri</td><td style="width: 12.5%; text-align: center;">Dr</td><td style="width: 12.5%; text-align: center;">CA</td><td style="width: 12.5%; text-align: center;">Er</td><td style="width: 12.5%; text-align: center;">Prof</td></tr><tr><td colspan="2" style="text-align: center;">_____</td><td colspan="2" style="text-align: center;">_____</td><td colspan="4" style="text-align: center;">_____</td></tr><tr><td colspan="2" style="text-align: center;">Surname</td><td colspan="2" style="text-align: center;">First Name</td><td colspan="4" style="text-align: center;">Middle Name</td></tr></table>	Mr	Mrs	Ms	Shri	Dr	CA	Er	Prof	_____		_____		_____				Surname		First Name		Middle Name			
Mr	Mrs	Ms	Shri	Dr	CA	Er	Prof																		
_____		_____		_____																					
Surname		First Name		Middle Name																					
Complete Postal Address of Respondent / Respondent No.1																									
Country of Respondent / Respondent No.1 If other, provide name <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> India <input type="checkbox"/> Other _____																								
Country of Respondent / Respondent No.1																									
Nationality of Respondent / Respondent No.1																									
Mobile No of Respondent / Respondent No.1																									
How many defendant are there <i>(Provide Number)</i>																									
Email-id of Respondent / Respondent No.1																									
Date of Birth of Respondent / Respondent No.1	____/____/____ (DD/MM/YYYY)																								
Age of Respondent / Respondent No.1																									
Gender <i>(Tick (✓) the correct option)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender																								
Occupation of Respondent / Respondent No.1																									
Name of Advocate	_____																								
	Surname First Name Middle Name																								
Bar Reg. No																									

ANNEXURE – VI (b)

- If more than one Respondent's are there, details of each Respondent is to be submitted independently.

● Extra Party Information of Respondent No. _____ (Respondent Side)	
Full name of Respondent / Respondent 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	