

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

Court Complex			
District	BHADRADRI KOTHAGUEDEM		
* Advocate Name			
	SURNAME	NAME	
Gender	Male / Female		
*Date of Birth			
	DD	MM	YYYY
* Bar Counsel Registration Number			
Residential Address			
Office Address			
District			
* Email			
* Mobile Number			
Phone Office			

* Mandatory fields.

Signature of President

Signature of the Advocate

Note: Attach the copy of Telangana Bar Enrolment Certificate.