

Mobile E-Mail detail collection Form for Advocate

COURT COMPLEX	CIVIL COURTS CHATRA		
DISTRICT			
ADVOCATE NAME			
	SURNAME	FIRST NAME	MIDDLE NAME
SEX			
DOB	DD-	MM-	YYYY-
BAR COUNCIL REGISTRATION NUMBER			
RESIDENTIAL ADDRESS			
OFFICE ADDRESS			
DISTRICT		PINCODE	
E-MAIL			
MOBILE NUMBER			
PHONE RESIDANCE		OFFICE	
FAX(if available)			

Date:-

Signature of Advocate

*NOTE:- Please use capital letter

Please Submit the Form through email Only, Email to: reg-chatra-jhr@nic.in