	ADVUC	ATE REGISTRATION REQUEST FORM
1.	Name of Ad	vocate
2.	Father's/Husband Name	
3.	Date of Birt	h
4.	Gender	
5.	State BAR Registration No.	
6.	Mobile No.	
7.	E-mail Id.	
8.	Office Addr	ess
9.	Pin Code	
10.	Residence A	Address
11.	Pin Code	
Enclosure		Copy of State BAR Identity Card
Date:-		Copy of Identity Proof
Place:-		
	Paste a colour photograph	Sign
		s have to submit this registration form at SERV ctive Court Complex along with enclouser.