

CIS Number:

Registration Form for Case Information System (CIS)

Paste your recent
photograph here

(Please use CAPITAL letters only)

DISTRICT:	MAHARAJGANJ		
COURT COMPLEX*	<input type="checkbox"/> District Court, Maharajganj <input type="checkbox"/> Outlying Court, Pharenda		
NAME OF ADVOCATE*			
	FIRST NAME	MIDDLE NAME	LAST NAME
GENDER*	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER		
DATE OF BIRTH*			
	DD	MM	YYYY
BAR COUNCIL REGISTRATION NUMBER*			
COMPLETE RESIDENTIAL ADDRESS (With Pincode)*			
COMPLETE OFFICE ADDRESS (With Pincode)*			
Email ID*			
Mobile Number*			

Note: All fields are mandatory.

DATE:

Signature of Advocate