SCHEDULE-II

Request Form for Video Conference

1. Case Number / CNR Number (if any) :
2. Cause Title :
3. Proposed Date of conference (DD/MM/YYYY):
4. Location of the Court Point (s) :
5. Location of the remote Point(s) :
6. Name and Designation of the participants :
   at the remote point

7. Reasons for video conferencing :
   In the matter of
8. Nature of proceedings :
   Final hearing ☐ Motion hearing ☐ Others ☐

I have read and understood the provisions of Rules for Video Conferencing for Courts (hyperlink). I undertake to remain bound by the same to the extent applicable to me. I agree to pay video conference charges if so, directed by the Court.

Signature of the applicant / authorized signatory
Date:

For use of the Registry / Court Point Coordinator

A) **Bench assigned** :

B) Hearing:

Held on (DD/MM/YYYY):
Commencement time:
End Time:
Number of hours:

C) Costs:

Overseas transmission charges if any:
To be incurred by Applicant / Respondent:
To be shared equally :
Waived, s ordered by the Court :

Signature by the authorized officer:
Date: