ADVOCATES DETAILS FOR ENTRY IN MASTER DATABASE IN THE CIS

1	Name of Advocate:	
2	Full Name:	
3	Advocate Type: (Please Tick)	Advocate/Govt Pleader/Law Firm/Legal Aid
4	Bar Regn. No	
5	Gender: (Please Tick)	Male/Female/Transgender
6	Date of Birth: (DD/MM/YYYY)	
7	Mobile Number:	
8	Email:	
9	Office Address:	

Date: **Signature of the Advocate**