

Mobile – E- mail Details collection Form for Advocates

(Please use Capital Letters only)

Name of Court Complex:-			
District:-			
Name of Advocate	SURNAME	FIRST NAME	MIDDLE NAME
Sex	Male() / Female()		
Date of Birth	DD	MM	YYYY
Bar Council Registration Number			
Residential Address			
Office Address			
PIN Code			
Email ID			
Mobile Number			

Date _____

Signature of Advocate

Seal & Signature of the Bar Secretary
District Bar Association, Deoghar