

Advocate Details

(to be filled in capital letters)

Advocate Code:

N/A

Advocate type:

i) Advocate

ii) Government Pleader

iii) Law Firm

iv) Legal Aid

Name of Advocate

Full Name

Bar Registration No.:

AS	-		-	
----	---	--	---	--

Exp: AS-1-2020

(Please note that 'AS' is for Assam State followed by hyphen '-', then enrollment number, again hyphen '-' and then the enrollment year. There should not be any space in between.)

Gender:

Male

Female

Transgender

Date of Birth:

Email:

Mobile No.:

Phone No.:

Office Address:

Pin:

Residential Address:

Pin:

Signature of the Advocate