

DIMA HASAO JUDICIARY

ADVOCATE REGISTRATION FORM FOR CIS

ADVOCATE NAME (IN BLOCK LETTER)	
BAR ENROLLMENT NO.	REGISTRATION NO.: _____ YEAR : _____ (If registration year is like 1994-95 then use 1994)
GENDER	MALE / FEMALE / TRANSGENDER :
DATE OF BIRTH	_____ / _____ / _____ (DD/MM/YYYY)
MOBILE NO.	
ALTERNATE PHONE NO.	
EMAIL (IN BLOCK LETTER)	
OFFICE ADDRESS	
RESIDENCE ADDRESS	

SIGNATURE OF THE ADVOCATE