

Registration Form (in CIS) for Advocates

(Please use Capital letters only)

Photo

Court Complex	GIRIDIH		
District/Talukas	GIRIDIH		
Advocate Name	First Name	Middle Name	Last Name
Sex	MALE/FEMALE		
Date of Birth	DD	MM	YYYY
Bar Council (Registration Number)	JH		
Residential Address			
Office Address			
Email			
Mobile/Land Line No.			

Date:

Signature of Advocate