

Office of the District Court Bahraich (U.P.)

Phone: 05252-232535, e-mail id- dcbah@allahabadhighcourt.in website- <https://bahraich.dcourts.gov.in/>

From,

To,

Sub- Request Form for Video Conference

1. Case Number / CNR Number (if any)
2. Cause Title
3. Proposed Date of conference (DD/MM/YYYY): _____
4. Location of the Court Point(s): _____
5. Location of the Remote Point(s): _____
6. Names & Designation of the Participants at the Remote Point:
7. Reasons for Video Conferencing:
In the matter of:
8. Nature of Proceedings :-
(i) - Final Hearing/Hearing (ii)- Evidence (iii)-Others

I have read and understood the provisions of Rules for Video Conferencing for Courts. I undertake to remain bound by the same to the extent applicable to me. I agree to pay video conferencing charges if so, directed by the Court.

Signature of the applicant/authorised signatory
Date:

For use of the Registry / Court Point Coordinator

- A) Court assigned:
- B) Hearing:
Held on (DD/MM/YYYY):
Commencement Time:
End time:
Number of hours:
- C) Costs:
Overseas transmission charges if any:
To be Incurred by Applicant /Respondent:
To be shared equally:
Waived; as ordered by the Court:

Date:

Signature of the Authorised officer: