

ADVOCATE FORM

Advocate Name			
(Capital letters only)	SURNAME	FIRST NAME	MIDDLE NAME
Sex	Male / Female		
Date of Birth			
	DD	MM	YYYY
Bar Registration Number	DEL/_____/_____		
Residential Address			
Office Address			
District			
email			
Mobile No.		Phone Office	
Phone Residence		Fax No. (If, available)	

हिंदी

अधिवक्ता का नाम			
	उपनाम	नाम	पिता तथा पत्नी का नाम
निवास का पता			
कार्यालय का पता			

Signature of Advocate