

Mobile / e-mail Details Collection Form for Advocates

(Please use Capital Letters)

Court Complex:			
District : THIRUVANANTHAPURAM			
Advocate Name			
	SURNAME	FIRST NAME	MIDDLE NAME
SEX	MALE / FEMALE		
Date of Birth			
	DD	MM	YYYY
Bar Council Registration No.			
Residential Address			
Office Address			
District			
e-mail			
Mobile No.		Phone Office	
Phone Residence		Fax No. (if available)	

Date :

Signature of Advocate

(Please submit the application through Bar Association)