

Pre Information Required from Advocate for "E-filing" User Registration

Advocate " <u>State Bar</u> " Registration Number :- (For Example:- MP/1234/2020)	MP/_____/_____
<u>Name of Advocate(Both in English & Hindi)</u>	
Advocate Full Name :-	
अधिवक्ता का पूरा नाम :-	
Gender (Male / Female) :-	
Date Of Birth (DD-MM-YYYY) :-	
Working Mobile Number(For OTP) :-	
Working Email Address(For OTP) :- (In Block letter)	
Address with Pincode :-	
	Tehsil:
	District: State:
	Pincode:

****Note:- Please fill above information in Clean Writing.***

Please Sent this Form on the District Court email id- "dcourtmas-mp@nic.in" With Subject "E-filing user registration".