

Advocate Name : \_\_\_\_\_

Gender : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Bar Registration Number : \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

Office Address : \_\_\_\_\_

\_\_\_\_\_

Pincode : \_\_\_\_\_

Email : \_\_\_\_\_

Mobile No : \_\_\_\_\_

Phone No : \_\_\_\_\_

Fax No : \_\_\_\_\_

मराठीतून

विधीज्ञाचे नांव : \_\_\_\_\_

निवासस्थानाचा पत्ता : \_\_\_\_\_

कार्यालयाचा पत्ता : \_\_\_\_\_

Place :

Date :

Signature