

Name of the Bar Association.....

1	2	3	4	5	6	7	
Sr. No.	Enrolment Number of Advocate in State Bar Council with the year of enrolment	Certificate of Practise details, issued after clearance of AIBE, wherever	Name of Advocate (to be printed in short on cause list)	Full name of Advocate	Name of Advocate in Local Language	Date of Birth of Advocate	
8	9	10	11	12	13	14	
Gender of Advocate M- Male, F- Female, T- Transgender	Address of Advocate	Address of Advocate in Local Language	Email of Advocate	Mobile number of Advocate	Whatsapp (if any)	Phone number of Advocate	
15	16	17	18	19	20	21	
Fax Number	Office Address of Advocate where he practices	Pin Code	District	Taluka	Office Address of Advocate in local language	Type of Advocate, (Individual-1, Firm-2, Company-3)	If Firm or Company, Registration No. in BCI.