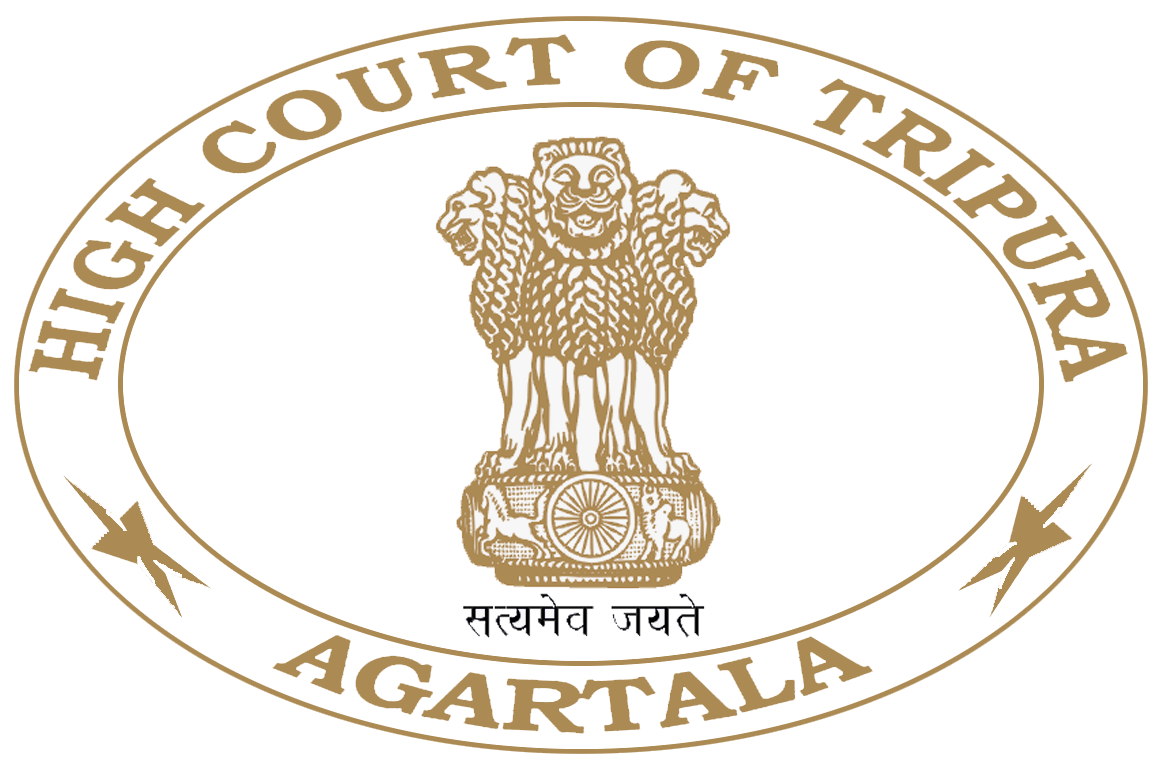
**HIGH COURT OF TRIPURA**



**Advocate Registration Form for CIS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Advocate | : | In capital letters | | | | | | | | | | | | | | |
| Gender: | : | Male | Female | | Transgender | Date of Birth: |  |  | - |  |  | - |  |  |  |  |
| Mobile No. 1. | : |  | | | | Mobile No. 2. |  | | | | | | | | | |
| Phone No.(office) | : |  | | | | Phone (Res) |  | | | | | | | | | |
| Email ID (*mandatory*) | : |  | | | | | | | | | | | | | | |
| \*Advocate Code  ***(to be specified by the CIS Admin.)*** | : |  | | | |  |  | | | | | | | | | |
| Bar Reg. No. | : |  | | | | Reg. Date |  |  | - |  |  | - |  |  |  |  |
| Address | : |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| City : | |  | | STATE: |  | | | | | | | | | |
| State | : |  | | | | PIN Code |  | | | | | | | | | |
| CIS Code  *(****to be specified by the CIS Admin.)*** | : |  | | | |  |  | | | | | | | | | |

Signature of the Advocate *to be verified by*

*Secretary, High Court Bar Association*

Date : \_\_\_\_\_/\_\_\_\_\_/2022. *High Court of Tripura*

*Signature with date*