



Advocate Registration and Information Form



PERSONAL INFORMATION

1. Full Name: _____
2. Father's Name: _____
3. Gender: ☐ Male ☐ Female ☐ Other
4. Date of Birth (DD/MM/YYYY): ____ / ____ / ____
5. Email ID: _____ @ _____
6. Mobile Numbers: +91 _____ +91 _____
7. Profile Photo
(Size 2x1.5 inch)



PROFESSIONAL DETAILS

8. Bar Council Enrollment Number: _____
9. State Bar Council Name: _____
10. Date of Enrollment (DD/MM/YYYY): ____ / ____ / ____
11. Practicing Courts:
☐ District Court ☐ High Court ☐ Supreme Court ☐ Tribunals ☐ Other: _____
12. Specialization (Optional): _____
13. Name of Associations: _____
14. Sitting Place Address: _____



ADDRESS DETAILS (Home/Office)

15. Address: _____
16. Mohalla / Village: _____ 17. District: _____
18. State / UT: _____ 19. Pin Code: _____



DOCUMENTS UPLOAD (Attach copies with form)

20. Bar Council ID Card / COP/ Others _____

☒ DECLARATIONS

- ☐ I hereby declare that the above information is true and correct to the best of my knowledge. I also agree to the terms conditions and privacy policy of Advocate Index / MyAdv India.
- ☐ I consent to the public display of my basic details for legal profile and verification.

Signature of Advocate:

Date: ____ / ____ / ____

(For Office Use Only)

Verified: ☐ Yes ☐ No

Verified By: _____

Date: ____ / ____ / ____