

**HIGH COURT OF CHHATTISGARH, BILASPUR**

**Advocate Registration Request Form**

- 1. Name of Advocate : .....
- 2. Father's Name : .....
- 3. Date of Birth : .....
- 4. Gender : .....
- 5. BAR Registration No. : .....
- 6. Mobile No. : .....
- 7. Email id. : .....
- 8. Office Address : .....
- .....
- .....
- PIN Code : .....
- 9. Residence Address : .....
- .....
- .....
- PIN Code : .....

Affix your  
Passport Size  
Photograph  
here

- Enclosures: 1. Copy of BAR Identity Card  
2. Copy of Identity Proof

Date: .....

Place: .....

Sign.....

E-Mail filled form along with enclosures at – **arj.hc-cg@gov.in**