

**FORMAT FOR PROVIDING INFORMATION FOR UPDATING ADVOCATES’
MASTER IN THE CIS SOFTWARE OF HON’BLE HIGH COURT OF ORISSA**

THE REQUIRED INFORMATION MUST BE SUBMITTED IN CAPITAL LETTERS, IN TYPED FORMAT AND IN THE MANNER SPECIFIED IN RESPECTIVE FIELDS BELOW. IN ORDER TO AVOID AMBIGUITY AND ERRORS, FORMS FILLED UP IN HANDWRITTEN MANNER SHALL NOT BE ENTERTAINED. FOR PROVIDING EMAIL ID, PLEASE FOLLOW THE INSTRUCTIONS IN THE RELEVANT FIELD BELOW

Name of Advocate: (Full Name)	
Father’s Name:	
Bar Council Registration Number: <i>(Please submit the Full Registration Number including alphabets, exactly as it is displayed in the Certificate, without inserting any space between the characters and without adding any extra character)</i>	
Gender:	
Date of Birth: DD-MM-YYYY <i>(Please do not insert any space between the characters and please do not put brackets)</i>	
Mobile Number: <i>(Please do not insert any space between the numbers and please do not put brackets)</i>	
Email: (Please submit the email ID exactly as it is.) E.g. samplemail@example.com should be submitted as samplemail@example.com and not SAMPLEMAIL@EXAMPLE.COM <i>(Please do not insert any space between the characters and please do not put brackets or underline. The email must be provided with accuracy of upper case or lower case of alphabets)</i> E.g. If the correct email id is samplemail@example.com then, please DO NOT write Samplemail@example.com.	
Address:	

Signature of the Advocate