

CHAPTER XXXIXA

Appendix II

FORM A

Presentation Form

- 1 CASE TYPE (See Table I) Code :
- 2 No. _____ of 20 _____ (Number to be given by the office)
- 3 Petitioner(s)/ Appellant(s)/ Applicant(s) & Anr./Ors.
- 4 Gender of the Petitioner(s)/ Appellant(s)/ Applicant(s) (Tick) : Male Female Transgender
- 5 a) Age of the Petitioner(s)/ Appellant(s)/ Applicant(s) : b) Date of birth :
- 6 Caste of the Petitioner(s)/ Appellant(s)/ Applicant(s) :
- 7 Complete postal address (with PIN code) of petitioner(s)/ Appellant(s)/ Applicant(s) :
- 8 Petitioner(s)/ Appellant(s)/ Applicant(s) Advocate :
- a) Bar Registration No.
- b) Mobile No. c) email id :
- 9 Respondent(s)/ Opposite party (parties) & Anr./Ors.
- 10 Gender of the Respondent(s)/ Opposite Party (parties) :
- 11 Complete postal address (with PIN code) of the Respondent(s)/ Opposite party (parties)
- 12 Respondent(s)/ Opposite Party (parties) Advocate :
- 13 Subject Category Code (see Table III) : Group : Sub-group
- 14 Case Stage Code (See table II) :
- 15 Act (s) : Year
- 16 Rule (s) :
- 17 Working Section Code : (see Table V)
- 18 Date of Filing :
- 19 Connected Case Type : No. : of 20
- 20 Lower Court Information (If any) : Lower Court Details : District/High/Tribunal District
- Coram : District Code (Table VI)
- Lower Court Case No..... of 20.....
- Judgement/Order Dated : Date of Transfer :
- Connected Lower Court Cases :
- 21 To be listed Main/ Application on In Court no.
- 22 Spl. Information (if any)
- Dated : Signature of the Advocate for the petitioner (s)/Appellant(s)/Applicant(s)

RECEIPT

Received Case Type : No. of 20.....

Vs.

Submitted on

By

Signature of the Section Officer/ Superintendent ,
Central Filing Section