THE GAUHATI HIGH COURT

(ITANAGAR PERMANENT BENCH)

	Date of Filing DD / MM / YYYY	NG FORM	FOR OFFICE USE ONLY				
	Case Type : Civil	veat 🗌	Filing No.				
	Petitioner /Appellant/ Complainant:		Case No.				
	Name* : Relation Spouse Brother						
	Gender* : Male Female O	ther 🗌	Father Sister Mother Father-in-law Son Mother-in-law				
	Age* :years Dt. of Birth : (DD/MM/YYYY) Daughter Other No. of extra Petitioners :						
	Religion : Hindu						
	State : Town	Talı	ıka/Sub-Div				
			Pin				
	Mobile No.: e-mail _						
•	Petitioner's Advocate : Code	Name of Advocate	Mobile No.				
	Petitioner's Extra Advocate :						
	Respondent/Opposite Party*:						
	Gender* : Male ☐ Female ☐ O						
	Age* :years Dt. of Birth :						
	Religion : Hindu Muslim Ch Caste : General SC ST(P) ST		Buddhism other				
	<u> </u>	<u> </u>					
	Address* :						
		Talı	ıka/Sub-Div				
	State : Town Police Station :	Talu Post Office:	Pin				
	State : Town Police Station : e-mail _	Talu Talu Post Office:	Pin				
*	State : Town Police Station : e-mail _	Talu Post Office:	Pin				
*	State : Town Police Station : e-mail _ Code	Talu Talu Post Office:	Pin				
*	State : Town Police Station : Mobile No.: e-mail _ Code Respondent's Advocate :	Talu Talu Post Office:	Pin				
*	State : Town Police Station : Mobile No.: e-mail _ Code Respondent's Advocate :	Talu Talu Post Office:	Pin				
*	State : Town Police Station : Mobile No.: e-mail _ Code Respondent's Advocate :	Talu Talu Post Office:	Pin				
◆ Passport N	State : Town Police Station : Mobile No.: e-mail _ Code Respondent's Advocate : Respondent's Extra Advs :	Post Office: Name of Advocate	Pin				
	State : Town Police Station : Mobile No.: e-mail _ Code Respondent's Advocate : Respondent's Extra Advs : Petitioner's Extra Information	Post Office: Name of Advocate Passport	Pin Mobile No. Respondent's Extra Information				
Country:	State : Town Police Station : e-mail _ Respondent's Advocate : Respondent's Extra Advs : Petitioner's Extra Information Io.: PAN :	Post Office: Name of Advocate Passport Country	Mobile No. Respondent's Extra Information Pin Pin Mobile No. PAN :				
Country:	State : Town Police Station : e-mail _ Respondent's Advocate : Respondent's Extra Advs : Petitioner's Extra Information Io.: PAN : Nationality :	Passport Country Occupatio	Mobile No. Respondent's Extra Information No.: Nationality:				
Country: Occupation State:	State : Town Police Station : e-mail _ Respondent's Advocate : Respondent's Extra Advs : Petitioner's Extra Information Output Pan : Nationality :	Post Office: Name of Advocate Passport Country Occupation State:	Mobile No. Respondent's Extra Information No.: Pan: Nationality:				
Country: Occupation State: Town:	State : Town Police Station : e-mail _ Respondent's Advocate : Respondent's Extra Advs : Petitioner's Extra Information Io.: PAN : Nationality : Fax No. : Fax No. :	Passport Country Occupation State: Town:	Mobile No.				
Country: Occupation State: Town: Taluka:	State : Town Police Station : e-mail _ Respondent's Advocate : Respondent's Extra Advs : Petitioner's Extra Information Io.: PAN : Nationality :	Passport Country Occupation State : Taluka :	Mobile No.				
Country: Occupation State: Town: Taluka: Alternate a	State :Town Police Station :e-mail _ Respondent's Advocate : Respondent's Extra Advs : Petitioner's Extra Information Io.: PAN : Nationality : Fax No. : Mobile No. : Differently Abled :	Passport Country Occupation State: Taluka: Alternate District:	Respondent's Extra Information No.: Nationality : Fax No. : Mobile No.: Differently Abled :				
Country: Occupation State: Town: Taluka: Alternate a District:	State : Town Police Station : e-mail _ Respondent's Advocate : Respondent's Extra Advs : Petitioner's Extra Information Io.: PAN : Nationality : Fax No. : Mobile No. : Differently Abled : address : Differently Abled :	Passport Country Occupation State: Taluka: Alternate	Mobile No. Respondent's Extra Information No.: Nationality : Fax No. : Mobile No. : Differently Abled : address :				

*Sections : _____

*Category Code : _____

Supplementary Form-1

Sl. No.	Petitioner/Appellant/Complaina			
	Respondent / Opposite Party Gender : Male Fema Age : years Dt. of I	le 🔲 Other 🔲	M/YYYY) No. of ext	ra Respondents :
	Religion : Hindu Musli Caste : General SC Address :		вс 🗌	other
	State :	Town	Taluka/Sub-Div	J
	Police Station:	Po	ost Office:	Pin
	Mobile No.:	e-mail		
	Petitioner/Appellant Complainar Respondent/Opposite Party	nt 🔲]		
	Gender* : Male Fema Age* :years Dt. of		MM/YYYY) No. of ex	ctra Respondents:
	Religion : Hindu Musli Caste : General SC Address* :] ST (P)	вс 🗌	other
				/
	Police Station:	Po	ost Office:	Pin
	Mobile No.:	e-mail		
	Petitioner/Appellant/Complaina Respondent/Opposite Party	nt		
	Gender* : Male Fema Age* : years Dt. o			xtra Respondents:
	Religion : Hindu	ST (P)	вс 🗌	other
				J
	Police Station:	Po	ost Office:	Pin
	Mobile No.:	e-mail		
	Petitioner/Appellant/Complaina Respondent /Opposite Party Gender* : Male	nt	им/үүүү) No. of ex	tra Respondents:
	Religion : Hindu Musli Caste : General SC Address* :	ST (P)	ВС 🗌	
				J
	Police Station:	Po	ost Office:	Pin
	Mobile No.:	e-mail		

Supplementary Form-2

IF THE CASE IS AGAINST AN ORDER PASSED BY ANY SUB-ORDINATE COURT OF GAUHATI HIGH COURT ITANAGAR PERMANENT BENCH

	Type: Sub-ordinate Court	Quasi Judicial			
	FIRST APPELLATE COURT	TRIAL COURT			
State					
District					
Sub-Ordinate Court Name					
CNR No					
Judge's Name					
Case type					
Case No.					
Year of Regn.					
Date of decision					
CC applied date					
CC Ready date					
POLICE STATION COMPLAINT DETAILS Police Challan Private Complaint					
State		Remarks			
District					
Police Station					
Date of offence					
Dt. of filing charge sheet					
FIR Type	Written / Oral / Over Phone / By SMS / By e-mail				
FIR No. & Year					
Investigation Officer					
Belt No.					
Investigating Officer-1					
Belt No. 1					
Trials	Session / Regular / Summon / Summary				
Offence Remark		,			

Supplementary Form-3

SUBMIT FOLLOWING DETAILS IN CASE OF MOTOR VEHICLE ACCIDENT CASES

State	
District	
Taluka / Sub-Division	
Police station	
FIR Type	Written / Oral / Over phone / By SMS / By e-mail
CR No.	
Year	
Date of Accident	
Time of Accident	
Place of Accident	
Name	
Compensation claimed	
Name of Insurance Company	
Vehicle type	Private / Commercial / Government / Army
Vehicle Registration No.	
Driving Licence No.	
DL Issuing Authority	

Authorised Signatory