CHAPTER XIX

Appendix l	Ι
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FORM A

Presentation Form

1	CASE TYPE (See Table I) Code	:					
2	No of 20	(Number to	be given by	the office)			
2A	District Code (table VIfor W.P	•	0)	,			
3	Petitioner(s)/Appellant(s)/Applicant(s)				& Anr./Ors.		
4	Gender of the Petitioner(s)/Appellant(s)/	Male	ſ	Female	Transgender		
- \	Applicant(s) (Tick)		l				
5 a)	0 ()) 11 ())		1) D ((1	• .1			
6	Applicant(s)	:	b) Date of I	oirth :			
6	Caste of the Petitioner(s)/Appellant(s)/	:					
_	Applicant(s)						
7	Complete postal address (with PIN code) of	Ē					
	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)						
12	Advocate	:					
13	Subject Category Code (see Table III)	:	Group :		Sub-group		
14	Case Stage Code (See table II)	:	I		0 1		
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)	:					
20	Lower Court Details	: District/Hi	oh/Tribuna	1			
		District	511/ 1110 0110				
	pram : District Code (Table VI)						
	Lower Court Case No of 20		- (-0.210 / 1	,			
	Judgement/Order Dated	: Date of Tra	ansfer ·				
	Connected Lower Court Cases	:					
21	To be listed Main/Application on		Court no				
			20411 110				
22	Spl. Information (if any)		o				
	Dated :	Signature of the Advo			te jor the		
	petitioner (s) RECEIPT						
	Received Case Type : No.	NECCHI I	of 20				
	Submitted on						

Signature of the SectionOfficer/Superintendent , Central Filing Section