



**THE GAUHATI HIGH COURT**  
(HIGH COURT OF ASSAM, NAGALAND, MIZORAM AND ARUNACHAL PRADESH)

**FILING FORM**

Date of Filing	
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FOR OFFICE USE ONLY	
Filing No.	
Case No.	

Case Type : Civil ☐ Criminal ☐ Caveat ☐

No. of extra Petitioners: \_\_\_\_\_

Petitioner : \_\_\_\_\_

Name : \_\_\_\_\_

Gender : Male ☐ Female ☐ Other ☐

Age : \_\_\_\_\_ years Dt. of Birth : \_\_\_\_\_ (DD/MM/YYYY)

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_ Differently Abled: Yes ☐ No ☐

Address : \_\_\_\_\_

Town : \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Police Station : \_\_\_\_\_ Post Office \_\_\_\_\_ Pin \_\_\_\_\_

Mobile No. : \_\_\_\_\_ WhatsApp No. \_\_\_\_\_ e-mail \_\_\_\_\_

☒ If there are more than one Petitioner/ Appellant/ Applicant, the details as mentioned above be filed separately along with the filing form.

Petitioner's Advocate : Enrl. No. \_\_\_\_\_ Name of Advocate \_\_\_\_\_ Mobile No. \_\_\_\_\_ WhatsApp No. \_\_\_\_\_

☒ Names of the Advocates of the Petitioner(s)/ Appellant(s)/ Applicant(s) along with their Enrolment Number, Code, e-mail ID, Mobile Number, WhatsApp No. to be separately submitted along with the filing form and undertaking (if so, required).

Respondent : \_\_\_\_\_ (as far as possible)

Gender : Male ☐ Female ☐ Other ☐

Nationality : \_\_\_\_\_ Occupation : \_\_\_\_\_ Differently Abled : Yes ☐ No ☐

Address : \_\_\_\_\_

Town : \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Police Station : \_\_\_\_\_ Post Office \_\_\_\_\_ Pin \_\_\_\_\_

Mobile No. : \_\_\_\_\_ WhatsApp No. \_\_\_\_\_ e-mail \_\_\_\_\_

☒ If there are more than one Respondent/ Opposite Party, the details as mentioned above be filed separately along with the filing form.

Respondent's Advocate : \_\_\_\_\_ Name of Advocate \_\_\_\_\_ Mobile No. \_\_\_\_\_ WhatsApp No. \_\_\_\_\_

☒ Names of the Advocates of the Respondent(s)/ Opposite Party along with their Enrolment Number, Code, e-mail ID, Mobile Number, WhatsApp No. to be separately submitted along with the filing form and undertaking.

Acts : _____	Category Code : _____
Sections : _____	



Petitioner/Respondent

Gender : Male ☐ Female ☐ Other ☐  
Age : \_\_\_\_\_ Years. Dt. Of Birth \_\_\_\_\_ (DD/MM/YYYY)  
Nationality : \_\_\_\_\_ Occupation \_\_\_\_\_ Differently Abled: Yes ☐ N ☐  
Address : \_\_\_\_\_  
Town : \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Police Station : \_\_\_\_\_ Post Office \_\_\_\_\_ Pin \_\_\_\_\_  
Mobile No. : \_\_\_\_\_ Whatsapp No. \_\_\_\_\_ email \_\_\_\_\_

Petitioner/Respondent

Gender : Male ☐ Female ☐ Other ☐  
Age : \_\_\_\_\_ Years. Dt. Of Birth \_\_\_\_\_ (DD/MM/YYYY)  
Nationality : \_\_\_\_\_ Occupation \_\_\_\_\_ Differently Abled: Yes ☐ N ☐  
Address : \_\_\_\_\_  
Town : \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Police Station : \_\_\_\_\_ Post Office \_\_\_\_\_ Pin \_\_\_\_\_  
Mobile No. : \_\_\_\_\_ Whatsapp No. \_\_\_\_\_ email \_\_\_\_\_

Petitioner/Respondent

Gender : Male ☐ Female ☐ Other ☐  
Age : \_\_\_\_\_ Years. Dt. Of Birth \_\_\_\_\_ (DD/MM/YYYY)  
Nationality : \_\_\_\_\_ Occupation \_\_\_\_\_ Differently Abled: Yes ☐ N ☐  
Address : \_\_\_\_\_  
Town : \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Police Station : \_\_\_\_\_ Post Office \_\_\_\_\_ Pin \_\_\_\_\_  
Mobile No. : \_\_\_\_\_ Whatsapp No. \_\_\_\_\_ email \_\_\_\_\_

Petitioner/Respondent

Gender : Male ☐ Female ☐ Other ☐  
Age : \_\_\_\_\_ Years. Dt. Of Birth \_\_\_\_\_ (DD/MM/YYYY)  
Nationality : \_\_\_\_\_ Occupation \_\_\_\_\_ Differently Abled: Yes ☐ N ☐  
Address : \_\_\_\_\_  
Town : \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Police Station : \_\_\_\_\_ Post Office \_\_\_\_\_ Pin \_\_\_\_\_  
Mobile No. : \_\_\_\_\_ Whatsapp No. \_\_\_\_\_ email \_\_\_\_\_

Petitioner/Respondent

Gender : Male ☐ Female ☐ Other ☐  
Age : \_\_\_\_\_ Years. Dt. Of Birth \_\_\_\_\_ (DD/MM/YYYY)  
Nationality : \_\_\_\_\_ Occupation \_\_\_\_\_ Differently Abled: Yes ☐ N ☐  
Address : \_\_\_\_\_  
Town : \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Police Station : \_\_\_\_\_ Post Office \_\_\_\_\_ Pin \_\_\_\_\_  
Mobile No. : \_\_\_\_\_ Whatsapp No. \_\_\_\_\_ email \_\_\_\_\_



**Supplementary Form-2**

**IF THE CASE IS AGAINST AN ORDER PASSED BY ANY SUB-ORDINATE COURT OF ASSAM**

Type : ☐ Sub-ordinate Court ☐ Quashi 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		

**Authorised Signatory**



**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**

**THE GAUHATI HIGH COURT**  
(HIGH COURT OF ASSAM, NAGALAND, MIZORAM AND ARUNACHAL PRADESH)

Case No.: \_\_\_\_\_

\_\_\_\_\_  
Appellant(s)

- Versus -

\_\_\_\_\_  
Respondent(s)

Petitioner's Advocate(s):

Sl No.	Name of Advocate	e-mail ID	Enrolment Number	Mobile Number	WhatsApp Number
1.					
2.					
3.					
4.					

- ☒ I hereby give this undertaking that I have given my mobile number which has WhatsApp/ Telegram facility as my Client(s) does/ do not have WhatsApp facility in their mobile numbers that I shall inform my Client regarding day to day progress of the case.

Signature of Advocate: \_\_\_\_\_

- ☒ I do not have WhatsApp/Telegram number. My Advocate has it. I hereby give an undertaking that whatever message of Court order/Court proceedings is shared with my Advocate, the same shall be deemed to have been served upon me also as information

Signature of Client: \_\_\_\_\_