



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 : _____
Sections : _____ Category Code : _____

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: _____