

THE GAUHATI HIGH COURT

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

Date of Filing	DD / MM / YYYY
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FILING FORM

FOR OFFICE USE ONLY	
Filing No.	_____
Case No.	_____

Case Type : Civil Criminal Caveat

Petitioner : _____

Name : _____

Gender : Male Female Other

Age : ____years Dt. of Birth : _____ (DD/MM/YYYY)

Religion : Hindu Muslim Christian Sikh Budhism

Caste : General SC ST(P) ST(H) OBC

Address : _____

State : _____ Town _____ Taluka/Sub-Div. _____

Police Station : _____ Post Office: _____ Pin - _____

Mobile No.: _____ e-mail _____

Relation : Spouse Brother
 Father Sister
 Mother Father-in-law
 Son Mother-in-law
 Daughter Other _____

No. of extra Petitioners : ____ other _____

	Code	Name of Advocate	Mobile No.
◆ Petitioner's Advocate :	[]	_____	_____
Petitioner's Extra Advocate :	[]	_____	_____
	[]	_____	_____
	[]	_____	_____

Respondent : _____

Gender : Male Female Other

Age : ____years Dt. of Birth : _____ (DD/MM/YYYY)

No. of extra Respondents : ____

Religion : Hindu Muslim Christian Sikh Budhism

other _____

Caste : General SC ST(P) ST(H) OBC

Address : _____

State : _____ Town _____ Taluka/Sub-Div. _____

Police Station : _____ Post Office: _____ Pin - _____

Mobile No.: _____ e-mail _____

	Code	Name of Advocate	Mobile No.
◆ Respondent's Advocate :	[]	_____	_____
Respondent's Extra Advvs :	[]	_____	_____
	[]	_____	_____
	[]	_____	_____

Petitioner's Extra Information	
Passport No.: _____	PAN : _____
Country : _____	Nationality : _____
Occupation : _____	
State : _____	Fax No. : _____
Town : _____	Mobile No. : _____
Taluka : _____	Differently Abled : <input type="checkbox"/>
Alternate address : _____	
District : _____	Ward : _____
Village : _____	

Respondent's Extra Information	
Passport No. : _____	PAN : _____
Country : _____	Nationality : _____
Occupation : _____	
State : _____	Fax No. : _____
Town : _____	Mobile No. : _____
Taluka : _____	Differently Abled : <input type="checkbox"/>
Alternate address : _____	
District : _____	Ward : _____
Village : _____	

Acts : _____	
Sections : _____	Category Code : _____

Supplementary Form-1

Sl. No.

Petitioner Respondent _____

Gender : Male Female Other

Age : ___years Dt. of Birth : _____ (DD/MM/YYYY) No. of extra Respondents : ___

Religion : Hindu Muslim Christian Sikh Budhism other _____

Caste : General SC ST(P) ST(H) OBC

Address : _____

State : _____ Town _____ Taluka/Sub-Div. _____

Police Station : _____ Post Office: _____ Pin - _____

Mobile No.: _____ e-mail _____

Petitioner Respondent _____

Gender : Male Female Other

Age : ___years Dt. of Birth : _____ (DD/MM/YYYY) No. of extra Respondents : ___

Religion : Hindu Muslim Christian Sikh Budhism other _____

Caste : General SC ST(P) ST(H) OBC

Address : _____

State : _____ Town _____ Taluka/Sub-Div. _____

Police Station : _____ Post Office: _____ Pin - _____

Mobile No.: _____ e-mail _____

Petitioner Respondent _____

Gender : Male Female Other

Age : ___years Dt. of Birth : _____ (DD/MM/YYYY) No. of extra Respondents : ___

Religion : Hindu Muslim Christian Sikh Budhism other _____

Caste : General SC ST(P) ST(H) OBC

Address : _____

State : _____ Town _____ Taluka/Sub-Div. _____

Police Station : _____ Post Office: _____ Pin - _____

Mobile No.: _____ e-mail _____

Petitioner Respondent _____

Gender : Male Female Other

Age : ___years Dt. of Birth : _____ (DD/MM/YYYY) No. of extra Respondents : ___

Religion : Hindu Muslim Christian Sikh Budhism other _____

Caste : General SC ST(P) ST(H) OBC

Address : _____

State : _____ Town _____ Taluka/Sub-Div. _____

Police Station : _____ Post Office: _____ Pin - _____

Mobile No.: _____ e-mail _____

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