

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)

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

No. of extra Petitioners : ____

Address : _____

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

Police Station : _____ Post Office: _____ Pin - _____

Mobile No.: _____ e-mail _____



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

Respondent : _____

Gender : Male Female Other

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

Address : _____

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

Police Station : _____ Post Office: _____ Pin - _____

Mobile No.: _____ e-mail _____



Respondent's Advocate :	Code	Name of Advocate	Mobile No.
_____		_____	_____
Respondent's Extra Advs :		_____	_____
		_____	_____
		_____	_____

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 : _____

Act : _____	
Sections : _____	Category Code : _____

SupplementaryForm-1

Sl. No.

Petitioner Respondent _____

Gender : Male Female Other

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

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 : _____

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 : _____

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 : _____

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 MIZORAM

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