Advocate Picture

## PESHAWAR HIGH COURT, PESHAWAR

## **Advocate Detail**

Full Name**:	
Father Name**:	
Date of Birth**:	CNIC # **
Permanent Address**:	
	District**:
Mobile #:**	Network/ Company:**
Sms app #:	
Bar Council No: **	
License No DC:	
License No HC:	Issue Date:
License No SC:	Issue Date:
	Signature

\*\* Mandatory Fields

Kindly attach one passport size picture.