

# VAKALAT NAMA

**IN THE HON'BLE** \_\_\_\_\_

Applicant	NO.....of 20
Appellant	Between.....
Petitioner	.....

**Versus**

Non-Applicant	And.....
Respondent	.....

I/We the Applicant/Appellant/Petitioner or Respondent/Non-applicant named below do hereby appoint, engage and authorize advocate(s) named below to appear act of plead in aforesaid case/proceedings, which shall includes applications for restoration, setting aside of exparty orders corrections, modifications, review and recall of orders passed in these proceedings, in this court or in any other court in which the same may be tried/heard/proceeded with and also in the appellate, revisional or executing court in respect of proceedings as per agreed terms and conditions and authorize him/them to sign and file pleadings appeals cross objections petitions, applications, affidavits or other documents as may be deemed necessary or proper for the prosecution/deference of the said case in all its stages and also agree to ratify and confirm act done by him/them as if done by me/us.

In witness whereof I/we do hereunto set my /our hand to these presents, the contents of which have been duly understood by me/us this \_\_\_\_ day \_\_\_\_\_ of 20 \_\_\_\_

### **PARTICULARS OF EACH PARTY EXECUTING VAKALATNAMA**

No.	Name & fathers /husbands name	Registered Address	Email if any	Phone No. if any	Status in case	Full signature of thumb in:ip
1.						
2.						
3.						

### **PARTICULARS OF EACH ADVOCATE ACCEPTING VAKALATNAMA**

No.	Full name & enrollment No.	Address for service	Email Address	Telephone No.	Full Signature
1.					
2.					
3.					
4.					

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