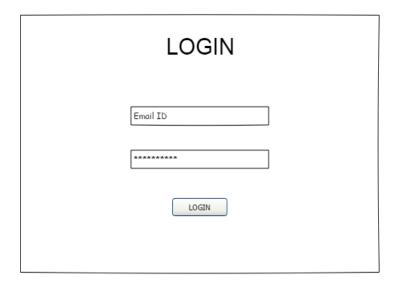
## FORM DESIGN (LAW MANAGEMENT SYSTEM)



| REGISTRATION      |                          |  |
|-------------------|--------------------------|--|
|                   |                          |  |
| Name* :           |                          |  |
| Address*:         |                          |  |
| Street :          |                          |  |
| City*:            |                          |  |
| District* :       | Select District          |  |
| State* :          | Select State             |  |
| Gender* :         | ○ Male ○ Female ○ Others |  |
| Date of Birth* :  | dd/mm/yyyy               |  |
| Specialization* : |                          |  |
| Email ID* :       |                          |  |
| Phone Number* :   |                          |  |
| SUBMIT            |                          |  |

| CASE DETAILS                        |        |  |
|-------------------------------------|--------|--|
| Enter the details about your case*: | Upload |  |
| Court Name*:                        |        |  |
| Place*:                             |        |  |
|                                     | SUBMIT |  |

| APPOINTMENT        |              |  |
|--------------------|--------------|--|
| Advocate's Name* : |              |  |
| Date* :            | dd/mm/yyyy ▼ |  |
| Time*:             |              |  |
| SUBMIT             |              |  |

| PAYMENT                      |                |  |
|------------------------------|----------------|--|
| Name(Same as on your card)*: |                |  |
| Card Number* :               |                |  |
| Expiry Date*:                | Month ▼ Year ▼ |  |
| CVV*:                        | ***            |  |
| Amount* :                    |                |  |
| PAY                          |                |  |