

PRESENTATION FORM – III

(FOR NEW FILINGS- WRIT MATTERS)

INSTRUCTIONS :

1. Type/write the information in the relevant boxes ONLY in **CAPITAL LETTERS**.
2. Do not Write/type outside the boxes.
3. Non-filing of mandatory/necessary columns OR wrong-Feeding may cause non-registration of petition/Case/filing.
4. * - **Mandatory field** (As per the nature of Case)

Date of filing*	
Token No.	(For office use)
Date	(For office use)
Sign of the Data Entry Official	(For office use)

THE HIGH COURT OF JHARKHAND AT RANCHI

Case type*	Case number (For office use)	OF	Year*	SJ / DB (Tick*)
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IN THE MATTER OF*

<i>FIRST PETITIONER/APEALANT/PLAINTIFF</i>	Extra Pet./ Appellant/plaintiff count , if any*	Specify AGE , if Senior Citizen*
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Vs

<i>FIRST RESPONDENT/OPPOSITE PARTY/DEFENDANT</i>	Extra Res./O.P./Def. count , if any*
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Extra details of the First Petitioner/O.P/Plaintiff.

AGE * (if not a senior citizen)	Gender * (Tick*)	Whether differently abled (Tick*)
..... YEARS	Male/ Female /Transgender	YES / NO
Father's/Husband's Name		
Complete Postal Address with Pin code*		
Vill/Muhalla		
Ward /Street		
Post Office		
Police station		
Town		
District/Taluka		
State		
PIN Code		
Mobile No.		
Email		
UID/PAN No.		

Extra Details of the First Resp./Appl./Def.

Father's Name OR the name of Department (as applicable)	
Complete Postal Address with Pin Code*	
Vill/Muhalla	
Ward /Street	
Post Office	
Police station	
Town	
District/Taluka	
State	
PIN Code	
Mobile No. if any	
Email, If any	

Advocate details of the Pet./O.P/Plaintiff.

	Name*	Registration No.*
Sl.	Additional Advocate Name, if any*	Registration/Enrol. No.*
1		
2		
3		
4		

Advocate Details of the Resp./Appl./Def..

	Name*	Registration No.
Sl.	Additional Advocate Name, if any*	Registration/Enrol. No.
1		
2		
3		
4		

FEE Details (In Rupees)* :-

Court /Memo Fee	Rs.
Auth. Fee/ Fee paid on certified copies	Rs.
Fee paid on Affidavit	Rs.

Fee paid on Vakalatnama	Rs.
Advocate's Welfare fee Stamp	Rs.
Others	Rs.

Relief sought for and Subject matter :-

Category/Subject*	Sub-Category*	Specific relief sought for*

Presented by* (Sign of the Advocate)..... Date :

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(FOR NEW FILINGS- WRIT MATTERS)

SERVICE MATTER :

Resp. Department/ Authority/ Organization*	
If Retiral Benefit/Pension matter, specify the date of retirement of the petitioner*	

PARTICULARS OF LOWER COURT OR AUTHORITY OF FIRST INSTANCE, if any* :

District	Case TYPE and CASE No.	<u>Date of Impugned order</u>	Designation of the Judge/Authority

LABOUR MATTER:-

ACT /RULE of Labour Law involved*	Alleged Section involved	Name of Company/ Deptt./ Organisation / Enterprises/Institution etc. involved

TAX MATTERS :-

Notification / Circular No.	Date of Notification / Circular	Assessment Year	Description of Goods OR services (Excise/ Customs/Sales/other Cases)

CONSTITUTIONAL MATTERS :-

Title of Statute / Rule / Regulation / Bye – Law*	Article/Section/Act/ Rule involved , if any

Details of “EARLIER MOVED”, “PREVIOUS” or “ARISING OUT” CASE(S) of the Petitioner, if any :

Earlier moved/Previous/ Arising out case type*	Case No.*	State if Pending OR Specify nature of disposal*	Date of disposal*	Name of the Hon’ble Judge*

Connected/Covered/Analogous nature of case pending in this Court or earlier disposed of by this Court/Hon’ble Apex Court :

Similar matter Case type	Case No.	Date of Decision	Name of the Hon’ble Judge/Court

- Whether the Advance Copies have been served upon the Other side/Respondents/P.P* .- YES / NO (Tick)

Presented by* (Sign of the Advocate with date).....Full Name*-

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..... E N D

ACKNOWLEDGMENT RECEIPT

Filing No./Token No. (For office use)	
Date and Time (For office use)	<u>DD/MM/YYYY</u>A.M./P.M.

Nature of Case*

.....(Petitioner/Appellant*)

Vs

..... (Opp. Party/Respondent*)

Signature of the Data Entry Official

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