

# PRESENTATION FORM - II

(FOR NEW FILINGS – CIVIL 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-filling of mandatory/necessary columns OR wrong-Feeding may cause non-registration of petition/Case/filing.
4. \* - Mandatory field (As per the nature of Case)

<b>Date of filing*</b>	
<b>Token No.</b>	( For office use)
<b>Date</b>	( For office use)
<b>Sign of the Data Entry Official</b>	( 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/APPEALANT/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.**

<b>AGE *</b> (if not a senior citizen)	<b>Gender*</b> (Tick*)	<b>Whether differently abled</b> (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.**

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

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

<b>Advocate Name</b>	<b>Reg./Enrol. No.</b>
<b>Sl.</b>	<b>Additional Advocate Name, if any*</b>
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.

**Subject matter, Relief sought for and the Act/Rule involved, if any : -**

<b>Category/ Subject*</b>	<b>Sub-Category</b>	<b>Relief sought for*</b>

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

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Particulars of the **ARISING OUT CASE** of the Petitioner(s), if applicable :-

Arising out case type*	Case No.*	Date of disposal*	Name of the Hon'ble Judge*

**PARTICULARS OF LOWER/ TRIAL COURT /TRIBUNAL OR AUTHORITY OF FIRST INSTANCE , IF ANY:**

District*	Case type with No.*	Date of Judgment /Imp. Order*	Date of Decree/Award (If applicable*)	Designation of the Id. P.O/ Judge /Authority*

**PARTICULARS OF APPELLATE COURT/REVISIONAL COURT / APPELLATE TRIBUNAL/AUTHORITY, IF ANY :-**

Case Type with No.*	Date of Judgment /Imp. Order*	Date of Decree/Award (If applicable*)	Designation of the Id. P.O/ Judge /Authority*

**In case of Original Side/Review Application/Appellate Side//Cross Objectionetc., if any\*:**

Value of the Suit	Value of the Appeal (If applicable)	Court fee	Value of Cross Objection (If applicable)

**Motors Accident Claim Matters/MVC (If applicable):-**

Insurance Company)*	District*	Police Station	FIR No.	Date of Accident	Compensation Claimed

**Land Acquisition Matters (If applicable):-**

VILLAGE & DIST. NAME	Date of Section 4 Notification	Date of Section 6 Notification	Date of Section 17(4)	Number of Award	Date of Award

**Bank and Company Matters (If applicable) :-**

Name of Bank / Company*	Branch/ Address

**Academic Institution Matters (If applicable\*)**

Name of Institution (School, College, University..etc.)	Specify matter (Examination/Fee/Affiliation.. etc.)

**Miscellaneous Matters pertaining to Statutory and other authority or Organisation (If applicable):-**

Name of authority / Organisation

**Society Matters (If applicable):-**

Name of Society / Co - Operative Society

**Particular of the case of the Petitioner(s) if "EARLIER MOVED" for the same self relief , if any :**

Earlier moved/Previous/ case type*	Case No.*	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, if any :**

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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(Page 3/3 contains Acknowledge-Receipt only)

**PRESENTATION FORM - II**  
(FOR NEW FILINGS – CIVIL Matters)  
**ACKNOWLEDGMENT RECEIPT**

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

**Nature of Case\*** .....

.....(Petitioner/Appellant\*)

Vs

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

**Signature of the Data Entry Official**

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