



**ADVOCATE REGISTRATION FORM FOR CFMIS WEB PORTAL**  
**DISTRICT JUDICIARY MARDAN**

<b>Full Name:</b> (Capital Letters)		
<b>Father Name:</b> (Capital Letters)		
<b>CNIC#</b> (format xxxxx-xxxxxxx-x)		
<b>Cell No:</b> (format 03xx-xxxxxxx)		
<b>WhatsApp No:</b> (format 03xx-xxxxxxx)		
<b>Present Address:</b>		
<b>Email:</b>		
<b>Bar Council No:</b>		
<b>a) D-Court L/No:</b>		<b>Issue Date:</b> ____/____/____
<b>b) H-Court L/No:</b>		<b>Issue Date:</b> ____/____/____
<b>c) S-Court L/No:</b>		<b>Issue Date:</b> ____/____/____



\_\_\_\_\_  
*Advocate's Signature & Stamp*  
*Submission Date.* \_\_\_\_\_

*Scan above QR code to access CFMIS Web Portal  
of the District Judiciary Mardan.*

**FOR OFFICE USE**

*Is user registered in CFMIS?*    Yes ☐                      No ☐

*Advocate CFMIS ID:*

*Username:*

\_\_\_\_\_  
*Signature*  
*Incharge CFMIS/System Administrator*  
*District Judiciary Mardan*