



From,
Registrar General
High Court of Judicature at
Allahabad.

To,
All the District Judges,
Subordinate to the High Court of Judicature at
Allahabad

No. 423/2017 : Cell: 110 Dated. 22.08.17

Sub: **'State Level Judicial Officers Conference, 2017 for HJS Officers to be held on 9th & 10th September, 2017 at High Court, Lucknow Bench Lucknow.'**

Sir,

On the subject captioned above, I have been directed to inform you that the Hon'ble Court is organising the **State Level Judicial Officers Conference, 2017 for HJS officers, on 9th & 10th September 2017, at High Court, Lucknow Bench Lucknow.** It is mandatory for all the HJS Officers to attend the conference.

The registration process will start at 8.00 AM on 09.09.2017 at the auditorium of Lucknow Bench. The conference will be pre lunch and post lunch. The participants will be provided lunch at the venue. The participants will have to make their own lodging arrangements. Participants will be entitled to T.A./D.A. as per rules.

The registration form is attached herewith. The duly filled registration form shall be deposited at the counter at the time of registration.

I, therefore, request you to inform & circulate the registration form to all the HJS officers under your kind control. It is further requested that your good self along with these officers in your judgeship shall ensure the presence in the conference.

Yours Faithfully,


(Mohd. Faiz Alam Khan)

Copy for information & participation to all the HJS officers posted on deputation.


(Mohd. Faiz Alam Khan)

High Court of Judicature at Allahabad

State Level Judicial Officers Conference-2017
On 9 & 10 September 2017 at High Court, Lucknow Bench Lucknow.

Please Affix Your
Passport size
Photograph

Registration Form

- 1-Name in Block Letters.....
- 2-Designation.....
- 3- Place of Posting.....
- 4-High Court id.....
- 5-Permanent Address.....
.....
.....
- 6- Address for correspondence.....
.....
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- 7-Mobile Number.....e-mail
- 8-Telephone Number (Residence).....(Official).....
- 9-Alternate Contact (In case of Emergency)
Name.....Relation.....
Address.....
.....
Mobile Number.....

Signature.....

Full Name.....

Received the Kit

Signature.....

Full Name.....