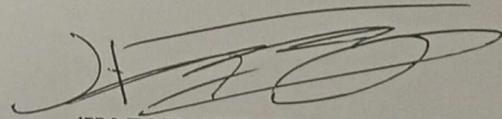


CIRCULAR

In pursuance of approval accorded by the competent authority, regarding template form to be filed by AORs/ASCs/ Petitioners at the time of institution of cases before Federal Constitutional Court of Pakistan, it is hereby directed as follows:

- With immediate effect, every petition, appeal, application or other proceeding presented for institution before the Federal Constitutional Court of Pakistan shall mandatorily be accompanied by the prescribed Template Form, duly completed and signed by the Advocate-on-Record (AOR), Advocate Supreme Court (ASC), or the Petitioner appearing in person, as the case may be.
 - The prescribed Template Form shall constitute an integral part of the filing documents and shall be treated as a required component for purposes of scrutiny, categorization, bench allocation and institutional record management.
 - The prescribed Template Form shall be made available on the official website of the Federal Constitutional Court of Pakistan for compliance by the Bar and the general public.
2. This Circular shall take effect immediately and shall apply to all cases instituted from the date of issuance.



(NAZAR ABBAS)
ADDITIONAL REGISTRAR (J)
FOR REGISTRAR

Copy to:

1. All Advocates-on-Record.
2. Institution Branch, FCCP.
3. IT Branch – for uploading on official website.
4. Notice Board.
5. Office File.

IN THE FEDERAL CONSTITUTIONAL COURT OF PAKISTAN

Case. No. _____/20

Appellant (s)/Petitioner(s)

Versus

Respondent(s)

- Civil
 Service
 Tax / Fiscal
 Constitutional
 Election
 Contempt
 Miscellaneous (Specify: _____)

Category											
Sub-Category											
Matter in issue (Keywords Only, Maximum 10)											
Gender	<input type="checkbox"/> Male	Date of Birth	<table border="1"> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			Day	Month	Year			
	Day		Month	Year							
<input type="checkbox"/> Female											
<input type="checkbox"/> Others											
Overseas	<input type="checkbox"/> Yes	Foreigner	<input type="checkbox"/> Yes								
	<input type="checkbox"/> No		<input type="checkbox"/> No								
Minority	<input type="checkbox"/> Yes	Physical Disability	<input type="checkbox"/> Yes								
	<input type="checkbox"/> No		<input type="checkbox"/> No								
Name of Department (In service matters only)		Concurrent Findings	<input type="checkbox"/> Yes								
			<input type="checkbox"/> No								
Email		Cellular #									
Postal Address											
Interim Order / Interlocutory Order	<input type="checkbox"/> Yes	Remand Order	<input type="checkbox"/> Yes								
	<input type="checkbox"/> No		<input type="checkbox"/> No								

i. Name and Signature of AOR/ASC: _____

ii. Checked by JA / I. O

iii. Verified by RO/ Incharge Categorization.

Name: _____

Name: _____

Designation: _____

Designation: _____

Signature: _____

Signature: _____