



# User Manual – Online Application for Chamber Allotment Process for Advocates

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## 1. Introduction

This manual guides Advocates through the process of filling out the online application form for chamber allocation at the Allahabad High Court.

Features include:

- Login with Advocate-on-Roll number and OTP
- Filling the application form
- Preview
- Save as Draft or Final Submission
- PDF download of submitted application

Only registered Advocates (with Advocate-on-Roll numbers) can log in and submit the form.

## 2. Homepage

Access the application portal here: <https://advch.allahabadhighcourt.in>

Effective Notice Date	Notice Name	Description	View	Action
12 May 2025	Chamber Allotment Form	Application for Chamber Allotment	<a href="#">View</a>	<a href="#">Apply Now</a>



### "Empowering Justice - Digital Way"

#### Frequently Asked Questions

1. How do I login to the Chamber allocation Software? ▼

2. How do I know if I am eligible for Chamber Allotment? ▲


#### Integrated Advocates' Chamber Allotment System:

- Experience Seamless New Age Chamber Allotment Portal
- Facility for Advocates to Apply online for Chambers.
- Automating the chamber allocation process —system-driven
- Self-care portal for advocates

### 3. Login Process

- Enter Advocate-on-Roll Number
- Enter Captcha
- Click “Generate OTP”
- Enter the OTP sent to your registered mobile number
- Click Apply Now

Only logged-in advocates can access and fill the application form.

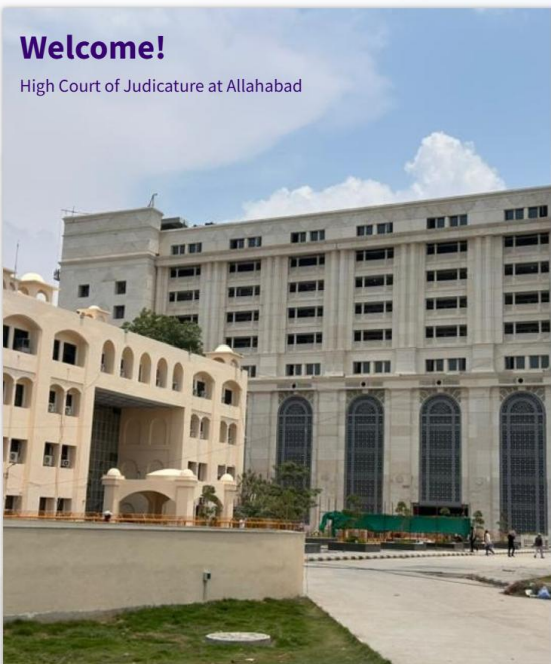


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Advocate on Roll No.

**Disclaimer:**  
Advocates are requested to provide credentials as per their designation:  
• **Senior Designated Advocates** must enter their *Enrollment Number/Year of Enrollment*.  
• **Other Advocates** must enter their *AOR Number*.

Generate OTP



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XXXXXXXXXXXX

Please Enter the OTP send on your Mobile No.91\*\*\*\*\*277

391745

5K8A4 Refresh

K

**Disclaimer:**  
Advocates are requested to provide credentials as per their designation:  
• **Senior Designated Advocates** must enter their *Enrollment Number/Year of Enrollment*.  
• **Other Advocates** must enter their *AOR Number*.

Apply Now

## 4. Filling the Application Form

Advocate must complete:

- Personal details
- Enrollment details
- Address, contact info, etc.

Buttons available:

- Preview at the Start
- Save as Draft – Once you have Previewed the Application
- Submit

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SHEETLA SAHAI SRIVASTAVA

Chamber Allotment Application

**Advocate Information**

1.Name:

SHEETLA SAHAI SRIVASTAVA

2.Father's/Husband's Name:

JAGDISH PRASAD

3.Date of Birth: \*

mm/dd/yyyy

4.Gender: \*

☐ Male ☐ Female ☐ Transgender

5.Whether Differently Abled? \*

☐ Yes ☐ No

6.Mobile No.:

9415644371

7.Email:

advocatesahai1310@gmail.com

14.Do you hold a bank account in the State Bank of India, High Court Allahabad Branch, Prayagraj? \*

☐ Yes ☐ No

Declaration:

I SHEETLA SAHAI SRIVASTAVA hereby solemnly affirm and declare that the information provided by me in the application is true and correct to the best of my knowledge and belief, and nothing has been concealed therefrom, and in case any part of the information provided is found to be false or misleading, my application shall be liable to be rejected by the competent authority.

Preview

## 5. Preview Before Submission

All data will be shown in read-only format.

If any correction is needed, go back to the form.

From here, user can choose to **Submit** , **Save as Draft** or **Go Back If Required**.

<b>Member of:</b> : High Court Bar Association, High Court Allahabad	<b>Registration no. with respective Association:</b> : 1
<b>Date of Registration:</b> : 09/01/1990	
<b>If allotted with a chamber in High Court premises, High Court Allahabad?</b> : No	
<b>Chamber No.:</b> :	
<b>Name of the respective building:</b> :	
<b>Date of allotment:</b> :	
<b>Whether holding a bank account in the State Bank of India, High Court Allahabad Branch, Prayagraj?</b> : No	
<b>Declaration</b> : I SHEETLA SAHAI SRIVASTAVA hereby solemnly affirm and declare that the information provided by me in the application is true and correct to the best of my knowledge and belief, and nothing has been concealed therefrom, and in case any part of the information provided is found to be false or misleading, my application shall be liable to be rejected by the competent authority.	
<input type="button" value="Save As Draft"/>	<input type="button" value="Submit Application"/>
<input type="button" value="Back"/>	

## 6. Save as Draft

Use this option if you are not ready to submit.  
The application can be continued later by logging in again.  
Data will be auto-loaded from draft.

**Member of:** : High Court Bar Association, High Court Allahabad

**Registration no. with respective Association:** : 1

**Date of Registration:** : 09/01/1990

**If allotted with a chamber in High Court premises, High Court Allahabad?** : No

**Chamber No.:** :

**Name of the respective building:** :

**Date of allotment:** :

**Whether holding a bank account in the State Bank of India, High Court Allahabad Branch, Prayagraj?** : No

**Declaration** : I SHEETLA SAHAI SRIVASTAVA hereby solemnly affirm and declare that the information provided by me in the application is true and correct to the best of my knowledge and belief, and nothing has been concealed therefrom, and in case any part of the information provided is found to be false or misleading, my application shall be liable to be rejected by the competent authority.

Save As Draft

Submit Application

Back

## 7. Final Submission

After submission:

- No changes allowed
- A PDF download option will be available

The screenshot shows a web browser window with the address bar displaying '15.206.56.13/ChamberAllotment.aspx'. The page is titled 'Chamber Allotment Form'. A modal dialog box is open in the center, displaying the text: '15.206.56.13 says Are you sure want to submit? Once submitted you cant edit again'. The dialog has 'OK' and 'Cancel' buttons. The background form is partially visible, showing fields for 'Advocate on Roll Registration : 10/12/1990', 'Member of: : High Court', 'Date of Registration: :', 'no. with respective Association: : 1', 'If allotted with a chamber in High Court premises, High Court Allahabad? : No', 'Chamber No.: :', 'Name of the respective building: :', 'Date of allotment: :', 'Whether holding a bank account in the State Bank of India, High Court Allahabad Branch, Prayagraj? : No', and a 'Declaration' section.

If allotted with a chamber in High Court premises, High Court Allahabad? : No

Chamber No.: :

Name of the respective building: :

Date of allotment: :

Whether holding a bank account in the State Bank of India, High Court Allahabad Branch, Prayagraj? : No

**Declaration :** ISHEETLA SAHAI SRIVASTAVA, hereby solemnly affirm and declare that the information provided by me in the application is true and correct to the best of my knowledge and belief, and nothing has been concealed therefrom, and in case any part of the information provided is found to be false or misleading, my application shall be liable to be rejected by the competent authority.

[Download Acknowledgement](#)

## 8. Download Submitted Form (PDF)

PDF Download Link

Whether holding a bank account in the State Bank of India, High Court Allahabad Branch, Prayagraj? : No

**Declaration** : ISHYAM SUNDER TRIPATHI, hereby solemnly affirm and declare that the information provided by me in the application is true and correct to the best of my knowledge and belief, and nothing has been concealed therefrom, and in case any part of the information provided is found to be false or misleading, my application shall be liable to be rejected by the competent authority.

Download Acknowledgement



## 9. Logging In After Submission

Advocate can:

- View submitted data (read-only)
- Download the application PDF

Chamber Allocation

Bill

Payment History

Objections

Chamber Allotment Form

Acknowledgement Id : CA23/06/20255	
Name : SHYAM SUNDER TRIPATHI	Father/Husband Name : LATE PT. SARASWATI DUTTA SHARMA
Date Of Birth : 23/02/2003	Gender : Male
Mobile No. : 9839165228	Email Id : shyamsundertripathi360@gmail.com
Whether Differently Abled? : No	Type of disability :
Percentage of disability :	
Residence Address	Address Line1 : 207/184, Tagore Town
Address Line2 : Allahbad	State :
District :	Pincode :
Office Address	Address Line1 : 207/184, Tagore Town
Address Line2 : Allahbad	State :
District :	Pincode :

Sample of Pdf Downloaded



Integrated Advocates'  
Chamber Allotment System

Application form for Chamber Allotment

Acknowledgement

Acknowledgement Number: CA23/06/20255

1. Name:	SHYAM SUNDER TRIPATHI
2. Father's/Husband's Name:	LATE PT. SARASWATI DUTTA SHARMA