

**ACCREDITATION FORM FOR NON-GOVERNMENTAL  
ORGANISATIONS AND SOCIAL ACTION GROUPS  
WORKING IN THE FIELD OF LEGAL LITERACY/  
LEGAL AWARENESS/LEGAL AID PROGRAMMES/  
PARA LEGAL ACTIVITIES ETC.**

1. Name of the Organization :
2. Registered office Address of the Organization :
3. Registration No. and date of Registration under the Societies Registration Act (attach photo copy of Registration Certificate) :
4. The organizational set up of the organisation :

	Name	Profession	Address	Tel. No.
President/ Chairman				
General Secretary/ Secretary				
Other office bearers.				

5. Total Strength of Membership :
6. Name and address of the Bankers with account No. :
7. Year-wise details of the Grants received from CILAS/NALSA/other sources. (for the last five years) :
8. Details of the audited accounts rendered/ utilization certificates Issued to NALSA/CILAS for the last five years (attach attested photo copies thereof). :
9. Name of the State/District which is covered by the activities of the Organization. :
10. Details of the Legal Literacy/Legal Awareness/ Legal Aid Programmes undertaken by the Organization so far (please use a separate sheet). :
11. Whether the Legal Literacy/ Legal Awareness/Legal Aid Programme was given any press coverage? If so, attach photo copies of the press clippings. :

(If the press coverage is in vernacular or local language, please attach English translation thereof).

12. Photo copies of the Audited accounts of the Organization for the last three years.

Date:

(Signature with name & Designation of the Authorized Signatory)

13. Recommendations/ Observations of the State Legal Services Authority about the bonafides, working capacity and potentiality of the Organization w.r.t implementation of the various Legal Aid Programmes. :  
(to be issued with the approval of Hon'ble Executive Chairman of State Legal Services Authority).

14. Names of the Judicial Officers/legal Aid functionaries of the District/ Taluk who are to monitor Programmes, if supported by NALSA. :

15. Accreditation Number allotted by the State Legal Services Authority. :

Date:

(Signature of Member Secretary)  
State Legal Services Authority

**Note:** State Legal Services Authority to send the Original Accreditation Form to NALSA office after retaining a copy thereof in their office for record and reference purposes.