

**APPLICATION FOR REMITTANCE OF COSTS**

1.	Name of the Court	
2.	Case No.	
3.	Date of order	
4.	Brief description of order	
5.	Last date or any other conditions specified in the order.	
6.	Kindly specify any of the following account in which the cost to be remitted as per the orders.  (i) State Legal Aid Fund of UTPLSA (ii) District Legal Services Authority, Puducherry (DLSA). (iii) District Mediation Centre, Puducherry. (iv) Environmental Fund (v) Women Victim Compensation Fund.	
7.	Cost Amount being remitted	
8.	Name and Address of the Advocate	
9.	Enrolment No. of the Advocate	
10.	Contact No. of the Advocate	
11.	Signature of the Advocate	

Date :

**Signature and Contact No. of Remitter**

FOR OFFICE USE ONLY

Receipt No. : ..... Date : ..... Amount : .....

**Signature**