National Legal Services Authority

(Free and Competent Legal Services) Regulations-2010

The Form of Application for Legal Services.

Registration No._____ Date:_____

1. Name: Shri/Smt._____S/o,W/o,D/o_____
2. Permanent Address: Village _____ PO_____

   Tehsil_____District_____((HP).
3. Present Address/C/O:_____ Village_____

   PO_____Tehsil_____District_____(HP).
4. Contact Number/Email Id_____.
5. The applicant belongs to the category: (Tick appropriate ✓)

   - € A Member of Schedule Caste or Schedule Tribe
   - € A Mentally ill or Otherwise Disabled Person;
   - € A Woman a Child Transgender;
   - € Person in Custody (UTP), Including in a Protective Home, Juvenile Home, Psychiatric Hospital;
   - € A Person whose annual Income from all sources does not exceed **Rs. 3, 00,000/-**
   - € A victim of a Mass Disaster, Ethnic Violence, Caste Atrocity, Flood, Drought, Earthquake or Industrial Disaster Etc.;
   - € A Victim of Trafficking in Human Beings or Beggar;
   - € An Industrial Workman
6. Annual income of the applicant: Rs.
7. Whether affidavit/ proof has been produced : ☐ Yes ☐ No
8. Name of Legal Aid or Advice required: Legal Aid Defence Counsel or Legal Aid Panel Lawyer
9. A brief of statement of case, if court based: applicant is Women/ SC/ ST/ Low Income Person/ BPL/ Handicap/ Child/ Transgender/ UTP.

Legal Aid Service is required in Case No./ FIR No./ CS No./ Comp No./ Appeal No._____ Pending before the Session Judge/ Special Judge/Addl. Session Judge/CJM/ACJM/JMFC/MTM/SDM/JJB/DM/JJB/P.J.F.C/S.C.J/C.J_____titled as _____Versus_____ Court No._____ N.D. H_____.

Place: Hamirpur (HP)

Dated:

(Signature of Applicant)

(Signature of Forwarding Counsel)