

Bill of Fees to _____ for the period from _____

to _____ in connection with Suit No. /Case No. _____ of the District Legal Services Authority, Nadia, appointment Letter NO. _____/DLSA/NADIA/ _____

Dated _____ Name of the Aided Petitioner _____

_____ Name of the Court _____

_____, Krishnagar, Nadia.

Date	Register of Work No.	Duration of hearing below 3hrs./above 3 hrs	Full / Half day(s)	Amount of Fees/ Charges (Rs)	Remarks

Total Rs. _____

Certified that no fees was claimed before for the above period. Bill has not been drawn before

(Rupees _____)

(Signature of the Lawyer)

(Signature of the Lawyer)

a) Passed /pay for Rs. _____

(Rupees _____ only)

b) Counter signed and certified that no fees has been passed for payment on the days shown in this Bill.

Verified with Register of Work as Correct.

Secretary
District Legal Services Authority, Nadia

Chairman
District Legal Services Authority, Nadia

BILL FORM –PAGE-2.

Appointment letter Memo No.:- _____ Dated _____

Name of the Aided petitioner _____

charges for incidental cost in connection with Suit No/ Case No. _____

_____ in respect of District Legal Services Authority, Nadia in the Court of Ld. _____

Sl. No	Item(s) of Expenditure	Date	Amount Claimed	Remarks
1.	Court fee.			
2.	Demi.			
3.	White Paper			
4.	Typing cost.			
5.	Vokatat-nama			
6.	Process fee.			
7.	Expenses for Xerox (Legal Size Paper)			
8.	Postal charges			
9.	Expenses for summons.			
10.	Clerkage Fee.			
11.	Other, if any as 'Litigation Cost.'			

Certified that no incidental cost claimed before for the above cost and for above period . Bill has not been drawn before.

Total Rs. _____
(Rupees Rs. _____
_____ only)

(Signature of the Lawyer)

(Signature of the Lawyer)

a) Passed for Rs. _____ (Rupees _____
_____ only)

b) Counter signed and certified that no incidental cost has been passed for payment on the days as shown in this bill.

Secretary
District Legal Services Authority, Nadia

Chairman
District Legal Services Authority, Nadia