

OFFICE OF THE DISTRICT LEGAL SERVICES AUTHORITY, NADIA

Name of PLV : _____

Name of Working Place/Locality : _____

DATE : _____

Sl. No.	Name of the Persons to whom Legal Services rendered	Nature of the Legal Services rendered/ Particulars	Outcome against the services rendered (Settled /Pending/ Referred)	Place/Places services rendered	Date & Time of Services rendered	Counter Signature/LTI of the persons (Received Legal Services)/ any other Services by PLV.	Contact No. and Address of the Persons/Guardians Name ; received Legal Services/ any other services by PLV.

DISTRICT LEGAL SERVICES AUTHORITY, NADIA
T.A VOUCHERS

Name of the PLV : _____ Reg No. : _____

Name of the Panchayat : _____ Month : _____ 201 _____

DATE	UP	DOWN

Page No : _____

Signature : _____