



# DISTRICT LEGAL SERVICES AUTHORITY, NADIA

Honorarium Bill for : \_\_\_\_\_

Month : \_\_\_\_\_ 201\_\_

Registration No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Name of the Clinic : \_\_\_\_\_

DATE	PARTICULARS	AMOUNT	TOTAL AMOUNT
		Total = Rs.	

I shall be highly obliged if you kindly pass the bill for the Month of \_\_\_\_\_ 201\_\_  
i.e. The Total Amount of Rs. \_\_\_\_\_ ( \_\_\_\_\_ )

Thanking You,

Date : \_\_\_\_\_

\_\_\_\_\_