

**OFFICE OF THE DISTRICT LEGAL SERVICES AUTHORITY, NADIA****District Legal Services Authority / Sub-Divisional Legal Services Committee**Date of hearing .....  
(to be filled up by R.O.)

1. Name of applicant :
2. Father's name / Husband's name :  
(in case of married woman) :
3. Address (a) present :  
(b) :
4. Name and address of the Opposite Party :
5. Occupation of the Applicant :
6. Annual income as certified by the competent authority or as per affidavit U / S 13 of the L.S.A. Act, 1987 :
7. Name and address of the authority certifying income with recommendation :  
(Please enclosed herewith a certificate from any of the following competent authorities in prescribed performa reg. income and recommendation for legal aid)  
COMPETENT AUTHORITIES (1) Gram Panchayet (2) Anchal Prodhan (3) Chairman of Panchayat Samity (4) Councillor / Municipal Commissioner (5) Chairman or Member of the Zilla Parishad (6) M.P. (7) M.L.A.
8. Whether belongs to S.C. or S.T. :  Yes  No  
(Please attach copy of the certificate)
9. Whether a Woman or child :  Yes  No
10. Whether a victim of trafficking in human being or beggars as referred to in Article 23 of the constitution :  Yes  No
11. Whether a mentally ill of otherwise disabled person :  Yes  No
12. Whether victim of a mass disaster, ethnic violence, caste atrocity, flood drought earthquake of industrial disaster :  Yes  No
13. Whether an industrial workman :  Yes  No
14. Whether in custody (including custody in a protective home or in a juvenile home or in a psychiatric nursing home) :  Yes  No
15. State whether case to be filed :  Yes  No
16. State the nature and the No. of case (s) pending at the Court (please mention next date) :

17. Facts of the case

(if necessary, a separate sheet may be attached)

**DECLARATION**

1. I do hereby declare that the particulars furnished above are true to the best of my knowledge and belief.
2. I do hereby declare that I shall abide by such terms and conditions as are imposed by the State Legal Services Authority, West Bengal.
3. I do hereby agree and understand that the Authority is at liberty to suspend or to withdraw the legal aid at any stage or at any point of time in case.  
Default on my part in abiding by the aforesaid terms imposed by the Authority and further, I understood that in case my / my family income exceeds Rs. 50000/- I shall send due information to the Member - Secretary State Legal Services Authority, West Bengal / District Legal Services Authority.
4. I do hereby declare that if any cost is awarded by Hon'ble Court or other Court in connection with my case, I shall deposit the amount as per terms of the Authority.

Date

(Signature of the Applicant)

**Office of the District Legal Services Authority, Nadia**  
**Krishnagar**

District Legal Services Authority / Sub-Divisional legal  
Services Committee .....  
Office File No. DLSA / SDLSC .....  
No. .... / DLSA / SDLSC. Dated the .....

From : The Secretary,  
District Legal Services Authority /  
Sub-Divisional Legal Services Committee .....

To : Sri / Smt. .... Advocate.  
.....

Sub : Letter of appointment for filling / preferring Conducting Case No. ....  
..... on behalf of .....  
.....  
.....

Sir / Madam,

You are hereby appointed lawyer for filling / conducting / preferring the case on behalf of the person mentioned above in the Court of ..... and or to take such steps as deem fit and proper for initiating the legal proceedings / defending the petitioner therein . You are always welcome to this office for further clarifications and discussion in this regard. You are requested to report the progress of the case to the undersigned from time to time.

In case the appointment is accepted by you. You are requested to return the Declaration after begin duly signed by you.

The appointment shall take effect from the date of the acceptance.

Yours faithfully,

Secretary  
District Legal Services Authority /  
Sub-Divisional Legal Services.  
Committee .....

**DECLARATION**

(File No. .... DSLA / SDLSC ..... )  
To ..... DSLA / SDLC Date .....

I understand that I am to abide by the terms and decision of the Authority which are final. I understand I will be given remuneration in the revised rates approved in the meeting of the State Legal Services Authority. West Bengal on Submission of bills, in triplicate, and on encashment there of from the office of the DLSA / SDLSC.....

I understand, at the bills must be accompanied with a certificate from the presiding Officer of the Court regarding my attendance on the dates mentioned in the bill.

(Signature of the lawyer with date)

No. .... / DL. SA.

Dated .....

Copy forwarded for information to .....

.....

..... with a request to contact the

Ld. Advocate ..... with all relevant papers

**Secretary**  
**District Legal Services Authority,**  
**Krishnagar, Nadia**

## হলফনামা

আমি

স্বামী/পিতা :

বয়স আনুমানিক

বৎসর। জাতি :-

পেশা :

ভারতীয় নাগরিক । সাং -

পোষ্ট :

থানা :

জেলা :

প্রতিজ্ঞা পূর্বক कहিতেছি যে,

১. আমি উপরোক্ত ঠিকানায় স্থায়ীভাবে বসবাস করিতেছি এবং জন্মসূত্রে ভারতীয় হইতেছি ।

২. আমার মাসিক রোজগার হিসাবে ( ) টাকা যাহা পারিবারিক রোজগার হইতেছে ।

৩. অএ হলফনামা খানি সমস্ত অফিসাদিতে ব্যবহার করিবার জন্য করা হইল। উপরোক্ত বিবরণ সকল আমার জ্ঞান ও বিশ্বাস মতে সত্য ।

হলফনামাকারীর স্বাক্ষর

সনাক্তকারী ( )