

FORM I
KERALA STATE LEGAL SERVICES AUTHORITY
(Regulation 40)

Form of Application to be made for Legal Services

To

..... Authority/Committee

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1. Name in Full :
2. Age and Sex :
3. Father's / Husband's Name :
4. Occupation :
5. Address :

6. Caste :
7. Annual Income :
8. Whether eligible for legal aid, if so how :
9. Name of Court or Authority and nature of proceedings :
10. Particulars of the legal service sought for :
11. Whether an affidavit regarding income is enclosed :
12. Any other particulars which the applicant desired to furnish :

Date:

Place:

Signature/Thumb impression of the applicant

DECLARATION

I.....the applicant hereby solemnly affirm and declare that what is stated above is true to the best of my information, knowledge and belief.

Signature / Thumb impression
of the applicant