APPLICATION FORM FOR LEGAL SERVICES HIGH COURT LEGAL SERVICES COMMITTEE FOR THE STATE OF TELANGANA

:

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Registration No. (For office use only)

- 1. Name
- 2. Permanent Address
- 3. Contact Address with Phone No. : if any, e-mail ID, if any
- 4. Whether the applicant belongs to : SC/ST/WOMAN/DISABLED/ the category of persons mentioned INCOME BELOW Rs.3,00,000/in section-12 of the Act
- 5. Monthly Income of the Applicant :
- 6. Whether affidavit / proof has been : produced in support of income / eligibility U/s.12 of the act
- 7. Nature of legal aid or advice : required
- 8. A brief statement of the case, : if court based legal services is required.

Place :

Signature of the Applicant

Date :

<u>AFFIDAVIT</u>

I,	S/o, D/o	0
aged about	years, R/o	do
hereby solemnl	y affirm and state as follows:	
I am doing	g (livelihood)	at
	and earning a sur	n of Rs
(Rupees) per annum
as income from immovable prop	m all sources, I am having / perties.	not having movable and
		DEPONENT
-	affirmed and signed before me o 20	on this the day of
		ATTESTED
Note:	Il be signed before any one of the following and attes	sted by them with seal.
A Judge, Magis	strate, Notary public, Advocate, M.P., M.L.A., , Teacher of any school or college of Central Gover	Elected representative of local bodies,
	AGREEMENT	
services receive Committee, Fo success in the realization of a connected lega	S/o, years hereby agree that i ed, to repay the same to the l r the State of Telangana, in t legal proceedings for which I w assets or costs either in the lega I proceedings yielding income r d.	High Court Legal Services he event of my ultimate as given the services, on al proceedings or in other more than the amount of
		APPLICANT
	FOR OFFICE USE ONLY	
R.O.C.No. and Date: _		
LEGAL AID ENTITLE	MENT(U/s.12): SC/ST/WOMAN/DISABLED/INC	COME BELOW Rs.3,00,000/-
ALLO	DTTED TO:	
so		
SECRETARY		
		HON'BLE CHAIRMAN