FORM I KERALA STATE LEGAL SERVICES AUTHORITY

(Regulation 40) FORM OF APPLICATION TO BE MADE FOR LEGAL SERVICES

Authority/Committee		
. Name in Full	:	
2. Age and Sex	:	
. Father's/Husband's Name	:	
. Occupation	:	
5. Address	:	
6. Caste	:	
7. Annual Income	:	
3. Whether eligible for legal aid, if so how	:	
O. Name of Court or Authority and nature of Proceedings	:	
Particulars of the legal services sought for	:	
Whether an affidavit regarding income is enclosed	:	
Any other particulars which the aplicant desires to furnish	:	
Place: Date:		Signature/Thumb impression of the applicant
	DECLARATION	١
I,	, the applicant here	eby solemnly affirm and declare

Signature/Thumb impression of the applicant