

APPLICATION FORMAT

Photo of the
candidate

To,
The Secretary,
District Legal Services Authority, Nadia.

1. Full Name (Block Letters) :
2. Name of the Father / Husband :
3. Date of Birth :
(Give supporting documents)
4. Sex (Male/Female/Transgender) :
5. Address :
6. Contact No. :
7. Email Id (In Capital Letters) :
8. Whether belongs to SC/ST/OBC or
Others (Please specify) :
(Give supporting documents)
9. Educational Qualification :
(Give supporting documents)
10. Other Qualification (if any) :
(Give supporting documents)
11. Experience (if any) :

(Give supporting documents)

12. Place of preference to work at Blocks : 1.
2.
3.

13. Express willingness to work as PLV :

MY PLEDGE TO WORK AS PARA LEGAL VOLUNTEER

I pledge to work voluntarily as a Para Legal Volunteer to fellow citizens and less fortunate neighbours. And true to the people for whom, I now stand, I'll provide all my support and assistants to any seekers of justice and help to achieve "Equal Justice to Justice for all". I shall work with honesty, dignity, sincerity, for strengthening our Constitution at any cost and work for uplifting the weaker sections of the society, downtrodden, deprived, disadvantage people for securing access to justice for all.

Signature of applicant.

DECLARATION

I do hereby declare that the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that the work of PLV does not carry any salary, remuneration or wages except honorarium fixed by the DLSA from time to time. In the event of any false information found at any stage, or if I fail to evince interest in the scheme, or has been adjudged insolvent, or has been accused of any offence or has become physically or mentally incapable of acting as Para Legal Volunteer, or has so abused my position by misconduct in any manner as to render my continuance prejudicial to the public interest or has affiliated myself to any political party either partially or fully involved myself in such party, therefore, I do agree that my enrolment is liable to be cancelled/ terminated instantly.

Date:

Yours faithfully,

Place:

(Full Signature of the Applicant)