ANNEXURE-‘G’

ACCREDITATION FORM FOR NON-GOVERNMENTAL ORGANISATIONS AND SOCIAL ACTION GROUPS WORKING IN THE FIELD OF LEGAL LITERACY/LEGAL AWARENESS/LEGAL AID PROGRAMMES/PARA LEGAL ACTIVITIES ETC.

1. Name of the Organization : 

2. Registered office

Address of the Organization : 

3. Registration No. and date of Registration under the Societies Registration Act

attach photo copy of Registration Certificate) : 

4. The organizational set up of the organisation : 

<table>
<thead>
<tr>
<th>Name</th>
<th>Profession</th>
<th>Address</th>
<th>Tel. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>President/Chairman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Secretary/Secretary</td>
<td></td>
<td></td>
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<tr>
<td>Other office bearers.</td>
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</tbody>
</table>

5. Total Strength of Membership : 

6. Name and address of the Bankers with account No. : 

7. Year-wise details of the Grants received from CILAS/NALSA/other sources.

(for the last five years) : 

8. Details of the audited accounts rendered/ utilization certificates

issued to NALSA/CILAS for the last five years

(attach attested photo copies thereof) : 

9. Name of the State/District which is covered by the activities of the Organization. : 

10. Details of the Legal Literacy/Legal Awareness/ Legal Aid Programmes undertaken by the Organization so far

(please use a separate sheet). : 

11. Whether the Legal Literacy/ Legal Awareness/Legal Aid Programme was given any press coverage? If so, attach photo copies of the press clippings. :
12. Photo copies of the Audited accounts of the Organization for the last three years.

Date: 

(Signature with name & Designation of the Authorized Signatory)

13. Recommendations/ Observations of the State Legal Services Authority about the bonafides, working capacity and potentiality of the Organization w.r.t implementation of the various Legal Aid Programmes. 
(to be issued with the approval of Hon'ble Executive Chairman of State Legal Services Authority).

14. Names of the Judicial Officers/legal Aid functionaries of the District/ Taluk who are to monitor Programmes, if supported by NALSA.

15. Accreditation Number allotted by the State Legal Services Authority.

Date: 

(Signature of Member Secretary)

State Legal Services Authority

Note: State Legal Services Authority to send the Original Accreditation Form to NALSA office after retaining a copy thereof in their office for record and reference purposes.