



**REGISTER FOR DAILY ACTIVITIES
OF THE LEGAL SERVICES CLINIC**

NATIONAL LEGAL SERVICES AUTHORITY

12/11, JAMNAGAR HOUSE, SHAHJAHAN ROAD, NEW DELHI-110 011

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LEGAL SERVICES CLINIC : DAILY ACTIVITIES

Sl. No.	Date [DD/MM/YYYY]	Time [(HH/MM) AM/PM]	Name of PLV/ PL	Name of aid seeker	Contact number of aid seeker	Address of aid seeker	Nature of service (in brief)	Signature/ Thumb impression of aid seeker

Clinic- in- charge/ Secretary, DLSA

Signature (with date):

Name and seal: