

ATTENDANCE SHEET FOR APPEARANCE OF THE LEGAL AID COUNSEL IN THE COURT OF SHRI/SMTI _____

JUDGE/CJM/MUNSIF/JUDICIAL MAGISTRATE _____ FOR THE MONTH OF _____ 20

Name of Legal Aid Counsel :

| Sl.No. | Name of UTP's and applicant | Name of parties | Case reference | Reference of the Appointment letter | Status of the case | Date of hearing and attendance | Countersignature of the Magistrate or Court | Remarks |
|--------|-----------------------------|-----------------|----------------|-------------------------------------|--------------------|--------------------------------|---|---------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Copy forwarded to;

1. The Registrar General, High Court of Meghalaya, Shillong
2. The Member Secretary, MSLSA, Shillong
3. The Secretary, District Legal Services Authority _____

Signature of Legal Aid Counsel

NB : This is compulsory for every Legal Aid Counsel to submit this monthly attendance sheet to the MSLSA for monitoring the cases.