

Application form to be filled in by the remand prisoner for being submitted to the Legal Aid Clinic, functioning in the Central Prison, Chennai and other Prisoners in Tamil Nadu.

- 1. Name of the Applicant/ Remand Prisoner:**
- 2. R.P.No. / T.P.D.A.No:**
- 3. Father's Name :**
- 3. Age:**
- 5. Address:**

- 6. Whether the applicant belongs to SC/ST/BC:**
- 7. Name of the Police Station and Crime Number:**
- 8. Charged under section:**
- 9. Court in which the case is pending:**
- 10.Date of Remand:**
- 11.Next Hearing date:**
- 12.Whether the Prisoner Can produce surety if so the name and address of the surety:**
- 13.Any other Legal help required by the Prisoner:**

Signature of the Prisoner

Recommendation of the Lawyer: To move Bail / Conducting of Trial / Filing of HCP before the Hon'ble High Court