

Rs. 10/- (Ten Only)
R. No.....
Date.....
Sig.....

FORM NO. {Online Form}

RECENT COLOR
PHOTOGRAPH
OF ADVOCATE

Bar Council of India Advocates Welfare Committee of U.P.
FORM-1
APPLICATION FOR FINANCIAL ASSISTANCE UNDER SCHEME-1

To,
The Secretary,
Bar Council of India
Advocates Welfare Committee for Uttar Pradesh
State Bar Council of Uttar Pradesh
19, Maharshi Dayanand Marg, Prayagraj

Sir,
I furnish hereunder the particulars required and request for grant of financial assistance.

1. Name (in capital letters)
2. Postal Address
.....
3. Enrolment Number and date of Enrolment
4. Place of Practice
5. Whether member of any Bar Association, if so,
name of the Bar Association.
6. Whether contributed fully to the Welfare Fund
7. Date of last payment and amount with the Receipt No.
8. (a) Whether previously availed any financial assistance.....
(b) If so, amount and date
9. Nature of illness
If disabled, nature of disability.....
10. Place and duration of treatment
11. Whether Certificate from a Registered Medical Practitioner enclosed.

12. Amount required for treatment
13. No. of dependents and the relationship
14. Whether Certificate from the President
of Bar Association enclosed
15. Monthly Income
16. Any other information, that the applicant wishes to state
17. Bank Account Number.....
- Bank Name.....IFSC Code
- Mobile Number.....Email.....

Signature of Applicant

VERIFICATION

I, the applicant above named do hereby solemnly state that what is stated above is true to the best of my knowledge, belief and information.

Signature of applicant

CERTIFICATE

I,..... the President, Bar Association..... Certify that SriAdvocate, who has applied for financial assistance from the Advocates' Welfare Fund, is / is not a member of this Bar Association, actively practicing at and since he is suffering from ailment, requiring medical treatment disabled to practice, I recommend for grant financial assistance.

Place

Date:

Seal of the Bar Association

Signature

आख्या पत्र

- (1) अधिवक्ता का नामएडवोकेट जिला.....
- (2) पंजीकरण संख्या
- (3) अधिवक्ता प्रमाण पत्र संलग्न है / नहीं है।
- (4) चिकित्सा प्रमाण-पत्र संलग्न है/नहीं है।
- (5) प्रमाणित फोटो संलग्न है / नहीं है।
- (6) बार एसोसिएशन प्रमाण पत्र संलग्न है /नहीं है।
- (7) बीमारी का नाम
- (8) नियम 40 की सदस्यता शुल्क रसीद सं०.....दिनांक..... रुपया जमा है /नहीं है।
- (9) कार्यालय आख्या –

समिति के समक्ष आदेशार्थ प्रस्तुत

समिति का आदेश

पदेन अध्यक्ष

सदस्य

सदस्य