

Form IV
[See Rule (1)]
PART I

To,

**The Sec. U.P. Adv. Welfare Fund Trustee
Committee/Principal Secretary Law**

Camp Office: Darul Shafa, Vidhayak Niwas-2
"B" Block, Suit No. 24, Lucknow

**Application for re-admission to advocate Social Security Fund Scheme
Under The U.P. Advocates Social Security Fund Scheme Rule, 1989**

1. Full name and address (in Block Letters).....
2. Date of birth of applicant entered in High.....
School Certificate
3. Date, year and number of enrolment under.....
The Advocate act. 1961
4. Number of completed years of practice as an.....
Advocate. (On 1st January of the year in
Which the applicant is made)
5. Place of places of practice.....
6. Period of suspension or discontinuance of.....
Practice, if any, with details of suspension and resumption.
7. Name and address of the nominee or nominees.....
with the details in Performa annexed with Form No. 1
8. Amount and date of payment made, if any.....
under section 12 (2) (with particular of the demand draft)
9. Date of previous admission to the membership.....
10. I.....do solemnly affirm that the particulars furnished above are
True and correct.

Place:-

Date: -

Signature of the Applicant

Attested by President/Secretary of the Bar Association

Date:

Stamp: