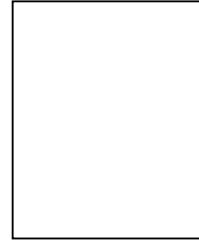


Rs. 10/- (Ten Only)

FORM NO.
3202



R. No.....

Date.....

Sig.....

**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 U.P.
19, MaharshiDayanandManrg, Allahabad.

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

10. Whether Certificate from a Registered Medical Practitioner enclosed.
11. Amount required for treatment
12. No. of dependents and the relationship.
13. Whether Certificate from the President of Bar Association enclosed.
14. Monthly Income
15. Any other information, that the applicant wishes to state.

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) अधिवक्ताकानाम.....एडवोकेट जिला.....
- (2) पंजीकरणसंख्या
- (3) अधिवक्ताप्रमाण पत्र संलग्नहै / नहींहै ।
- (4) चिकित्साप्रमाण-पत्र संलग्नहै / नहींहै ।
- (5) प्रमाणित फोटोसंलग्नहै / नहींहै ।
- (6) बार एसोसिएशनप्रमाण पत्र संलग्नहै / नहींहै ।
- (7) बीमारीकानाम
- (8) नियम 40 की सदस्यता शुल्करसीद सं०.....दिनांक..... रुपयाजमानहींहै ।
- (9) कार्यालय आख्या -

आदेशनार्थप्रस्तुत

समितिकाआदेश

