

## ANDHRA PRADESH ADVOCATES WELFARE FUND:: AMARAVATI

From:

To:

Smt.B.Padmalatha, B.Com, L.L.B.,  
I/c Secretary, Bar Council of A.P.,  
Ex. Officio Secretary,  
A.P. Advocates Welfare Fund,  
Ground Floor,  
A.P. High Court Building,  
Nelapadu, Amaravati – 522 239.

Madam,

Sub : Request for issuance of Duplicate Certificate.

Ref : State Roll No. AP/

- - -

I am a member of the Andhra Pradesh Advocates Welfare Fund and I am a Member  
of the .....

Bar Association. I am paying an amount of Rs. 200/- for issuance of Duplicate Certificate.

Yours faithfully,

Date:

( Name in BLOCK LETTERS )

### NOTE:

I am herewith enclosing a D.D. for Rs.200/-drawn in favour of “Andhra Pradesh Advocates Welfare Fund” OR paying cash of Rs. 200/-.