

**FORM NO.6**

(See Rule 25)

**ANDHRA PRADESH ADVOCATES WELFARE FUND ACT, 1987**Application Form for the Grant of "**Financial Assistance**" to the

Indigent/ Disabled Advocates

1.	Full Name of the Applicant/Advocate	
2.	Residential Address	
		Mobile No.
3.	Office or Chamber Address	
4.	Date of Enrolment and State Roll No.	AP/
5.	Court or Courts in which the applicant was or has been practicing	
6.*	Reasons for seeking Financial Assistance (Treatment Undergone)	
7.	Extent of Financial Assistance required	
8.	Average monthly professional income of the applicant	
9.	Sources of other income of the Applicant if any	
10.	Whether the applicant has applied for Or received aid previously from the Fund And if so, when, nature and duration of	
11.	Whether the applicant has any movable Or immovable property, state the particulars thereof and the value thereof and state particulars of any encumbrances thereof	
12.	Whether the applicant has any banking a/c. if so, State the particulars  (Name as per bank passbook)	Name : A/c No. : Bank Name : IFS Code : Branch :
13.	Whether the applicant has any cash or Investments, state the particulars if any	
14.	Whether any complaint of misconduct is Pending against the applicant, if so, state The particulars thereof	
15.	Whether the applicant is a member of the Andhra Pradesh Advocates Welfare Fund  (i) The particulars furnished and the statements made herein above are true to the best of my knowledge and belief.  (ii) I agree and undertake to inform the Bar Council, if any change of circumstances or conditions, during the period of the aid.  (iii) I agree and undertake to supply to the Committee any particulars and information in connection with the application or the aid as may be required from time to time by the Council or the Committee or the Secretary of the Council.	

Place:

Date:

Signature of the applicant

**Enclosures required:** 1. Recommendation Letter from Bar Association.

2. Discharge Summary &amp; Medical bills.

3. Bank Account Passbook copy of the applicant.