

FORM NO.2

ADVOCATES WELFARE FUND OF THE BAR COUNCIL OF INDIA FOR THE STATE OF
ANDHRA PRADESH
Application form for the grant of "**Financial Assistance**" from the Advocates Welfare Fund of the
State of Andhra Pradesh

1	Full name of the Applicant/Advocate	
2	Residential Address	Mobile No.
3	Officer 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 A.P. State Bar Council and if so, When, nature and duration of	
11	Where the Applicant has any Moveable or Immovable property? State the particulars thereof and Value thereof and state particulars of any encumbrances thereof	
12	Bank Account details of the applicant (Name as per Bank Passbook)	Name : A/c No. : Bank Name : IFS Code : Branch :
13	Where the Applicant has any cash or Investment; state the particulars, if any	
14	Whether any complaint of misconduct is pending against the Applicant, if so, state the particulars thereof	
15	Where the applicant has paid the Advocates Welfare Fund under the Rules of the Bar Council of India	

The particulars furnished and the statements made herein above are true to the best of my knowledge and belief.

- (i) I agree and undertake to inform the Bar Council, if any change of circumstances or conditions, during the period of the aid.
- (ii) 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 of the Bar Association
2. Discharge Summary & Medical Bills.
3. Bank Account Passbook copy of the applicant.

Note:

- a. In case of disability, a medical certificate to the satisfaction of the Committee shall be furnished along with the recommendation of the concerned Bar Association.
- b. In the event of the Applicant being unable to sign, the application may be signed by any other Advocate or the adult member of the family of the Applicant.
- c. In case of indigency, two certificates by Advocates of not less than 15 years standing, certifying of their own knowledge the indigent circumstances of the Applicant shall also be produced Certifying Advocate must not be related to the Applicant. The recommendation of the concerned Bar Association shall also be enclosed.