

**APPLICATION FOR FINANCIAL ASSISTANCE FROM ADVOCATES WELFARE  
FUND FOR THE STATE OF ORISSA**

1. Name of the applicant :  
(in Block Letters )
2. Permanent Address :
3. Present Address :
4. Bank A/C No. (The Xerox copy same account with IFSC code to be attached in the form ) :
5. No. And Year of Enrolment :
6. Telephone number :
7. PAN number :
8. Place of Practice :
9. Name of the Bar Association of which the applicant is a member :
10. Disease / Ailment for which the applicant has undergone/  
requires medical treatment :
11. Whether the applicant has undergone medical treatment  
or indoor patient in any Govt Hospital/registered Nursing home ,  
If so , give the date of Admission and date of Discharge along with a Xerox copy  
of the discharge certificates duly attached by the President / Secretary of  
the Bar Association :
12. Particular of the document in the support of Disease/Ailment  
(Furnish Xerox Copies attest by the President / Secretary of  
the Bar Association treatment related documents including  
prescription etc :
13. Expenditure incurred / probable expenditure to be incurred  
for the treatment of the applicant :
14. Average annual income of the applicant from the  
profession prior to his/her ailment :
15. If the Wife/Husband of the applicant is employed,  
state his/her monthly salary/income and the  
particulars of the post held :
16. Is the applicant and / or his/her , wife/husband are/is owner  
of any building at the place of his/her practice or any where else :
17. Annual House Rent Income of the  
Applicant or his/her wife/husband :

18. Is the applicant or his/her wife/husband owner of any four wheeler Motor Vehicle (Give the Regd. Number and Model) :
19. Annual Income of the applicant from all sources :
20. SB Account number of the applicant and address of the bank :
21. Number of the family members of the applicant :
22. Whether the applicant has received Financial Assistance earlier from the Odisha Sate Bar Council if so give the date and amount from any other sources if so, details thereof :
23. Whether the applicant has received Financial Assistance from the Bar Council of India or the Advocates Welfare Committee for the State of Orissa if so give the data (s) amount (s) received :
24. In case the application for Financial Assistance is due to Injuries / disabled, caused by Road accident give the details :
25. The applicant should give a Declaration that whether he/she received any claim amount from MACT or any case claiming compensation in any MACT is pending , if so give the case NO. and the Tribunal case is pending :

### DECLARATION

I hereby declare that the information given by the above are true and no part of it is false in my knowledge & if any information is given me the application shall be rejected & I will be liable to be proceeded for misconduct U/S 35 of the Advocates Act, 1961 .

SIGNATURE OF THE APPLICANT

Endorsement of the President/Secretary of the concerned Bar Association as to whether the applicant is indigent and deserves Financial Assistance .

PRESIDENT/SECRETARY

..... Bar Association

N.B. Every page of the application must be signed by the applicant and counter signed by the President/Secretary of the concerned Bar Association .

- ENCLOSURES : 1.  
2.  
3.  
4.  
5.