

APPLICATION FOR FINANCIAL ASSISTANCE FROM ADVOCATE'S WELFARE FUND
OF BAR COUNCIL OF INDIA 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 of same account with IFSC code to be attached in the form):
5. No. and year of enrolment :
6. Telephone Number :
7. PAN Number :
8. Palace 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 discharge along with a Xerox Copy of the discharge certificate duly attested by the President/Secretary of the Bar Association :
12. Particular of the documents in the support of disease/ailment (Furnish Xerox copies attested 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 anywhere 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 Bar Council of India if so give the Date(s) & Amount(s) from any other sources if so, details thereof :
23. Whether the applicant has received financial assistance from the Odisha State Bar Council if so give the Date(s) Amount(s) received :
24. In case the applicant 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 applicant shall be rejected & I will be liable to be proceeded for misconduct U/s 35 of 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.