

# ORISSA ADVOCATES' WELFARE FUND TRUST

[See Section 15 and Rule 4 (1)]

## APPLICATION FOR ADMISSION TO THE FUND

1. Name of the Advocate .....  
(In capital letters)  
Address : Present .....  
.....  
..... Pin.....  
Permanent.....  
.....  
..... Pin.....
2. Date of Birth..... Age.....
3. Enrolment No..... Date of Enrolment.....  
(Enclose Xerox Copy of Enrolment Certificate)
4. Details of Practice.....
5. Number of Vakalats filed for the last five years (Approximately).....
6. Place or places practice\*.....
7. Suspension or discontinuance or practice, if any with details of suspension & resumption.
8. Name of nominee(s).....  
Relation with Applicant.....  
Address.....  
..... Pin..... Phone.....
9. Amount Rs..... Ps.....  
to the fund under section 15 (3)..... Date of payment.....  
(Receipt to be attached)
10. Admission fee how paid (with particulars).....  
(In case of Bank Draft, the draft should be in favour of  
"Advocates' Welfare Fund Trust" payable at Cuttack)  
I.....do solemnly affirm that the particulars  
furnished above are true and correct.  
Place : Full Signature of the Applicant

Date :

Attested by

President

Secretary

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\* In case applicant has practised in more than one Court Certificate from the President or Secretary bar Association of each Court has to be furnished.

# AFFIDAVIT

I Shri/Mrs /Miss ..... S/o. / D/o .....

of village..... P.O. .... P.S.....

in the district of ..... do hereby solemnly affirm and state as follows :

1. That I have applied to be enrolled as an Advocate in the Rolls of Odisha State Bar Council and simultaneously applied to be a member under Advocates' Welfare Fund Trust.
2. That I do hereby declare that in terms of Sub-Sec.- 12, U/s-15 of Advocates' Welfare Fund Act, 1987, I have not received any pensionary benefit and have not attained the age of 60 years of age.  
I further, declare that in case I suspend my practice voluntarily or otherwise before attaining 60<sup>th</sup> year of age not being permanently disabled, I shall not be eligible to the benefits under the Act.
3. That the facts stated above are true to the best of my knowledge and belief.

Identified by  
Advocate

**DEPONENT**

# CERTIFICATE

Certified that the above named deponent being identified by Shri.....Advocate has solemnly affirmed before me that the facts stated above are true to the best of his / her knowledge.

**NOTARY / EXECUTIVE MAGISTRATE**

DATE

Seal