## ORISSA ADVOCATES' WELFARE FUND TRUST

[See Section 15 and Rule 4 (1)]

## APPLICATION FOR ADMISSION TO THE FUND

	Date:	Attested by	President	October			
			Braddont	Secretary			
	Place:						
	furnished above are true	re of the Applicant					
	1,						
	"Advocates' Welfare Fund Trust" payable at Cuttack)  "Advocates' Welfare Fund Trust" payable at Cuttack)						
	(In case of Bank Draft, the draft should be in favour of						
10.	Admission fee how paid (with particulars)						
	(Receipt to be attached)  Admission fee how paid (with particulars)						
	to the fund under section 15 (3)						
9.	Amount Rs	F5	Date of paymer	nt			
	Amount Rs						
	Address	Dia	Phone				
	Relation with Applicant.						
8.	Name of nominee(s)						
7.	Suspension or discontinuance or practice, if any with details of suspension & resumption.  Name of nominee(s)						
6.	Place or places practice*						
5.	Number of Vakalats filed for the last five years (Approximately)						
4.							
	(Enclose Xer	ox Copy of Enrolment	Certificate)				
3.			Date of Enrolment				
2.	Date of Birth		Α				
	Address : Present						
	(In capital letters)						
1.							
-							

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.

## <u>AFFIDAVIT</u>

I Shri/Mrs./Miss		S/o. / D/o				
rillage	P.O		P.S			
he district of	do her	eby solemnly a	affirm and	state as follo	ows :	
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.						
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.						
			1.2			
3. That the facts stated above are true to the best of my knowledge and belief.						
2 10 10 10 10 10 10 10 10 10 10 10 10 10				DEPONENT		
	OFDIFIO	ATE				
	CERTIFIC	AIE				
i	Advoca			idntified d before me	by that	
DATE Seal	NO	OTARY / EXEC	CUTIVE M	AGISTRATE	•	
	That I have applied to be end. Council and simultaneously a Trust.  That I do hereby declare that Fund Act, 1987, I have not recording of 60 years of age.  I further, declare that in case attaining 60th year of age not be benefits under the Act.  That the facts stated above and Identified by Advocate  Certified that the above and Identified by Advocate	That I have applied to be enrolled as an Ad Council and simultaneously applied to be a natural.  That I do hereby declare that in terms of Sub Fund Act, 1987, I have not received any pensage of 60 years of age.  I further, declare that in case I suspend my attaining 60th year of age not being permaner benefits under the Act.  That the facts stated above are true to the best of his facts are factors.	That I have applied to be enrolled as an Advocate in the Council and simultaneously applied to be a member under Trust.  That I do hereby declare that in terms of Sub-Sec 12, U/s Fund Act, 1987, I have not received any pensionary benefit age of 60 years of age.  I further, declare that in case I suspend my practice volur attaining 60th year of age not being permanently disabled, I benefits under the Act.  That the facts stated above are true to the best of my know Identified by Advocate  CERTIFICATE  Certified that the above named deponent facts stated above are true to the best of his / her knowledgen.	That I have applied to be enrolled as an Advocate in the Rolls of Council and simultaneously applied to be a member under Advocate Trust.  That I do hereby declare that in terms of Sub-Sec 12, U/s-15 of Ad Fund Act, 1987, I have not received any pensionary benefit and have age of 60 years of age.  I further, declare that in case I suspend my practice voluntarily or attaining 60th year of age not being permanently disabled, I shall not benefits under the Act.  That the facts stated above are true to the best of my knowledge and Identified by Advocate  CERTIFICATE  Certified that the above named deponent being facts stated above are true to the best of his / her knowledge.	Council and simultaneously applied to be a member under Advocates' Welfare F Trust.  That I do hereby declare that in terms of Sub-Sec 12, U/s-15 of Advocates' We Fund Act, 1987, I have not received any pensionary benefit and have not attained age of 60 years of age.  I further, declare that in case I suspend my practice voluntarily or otherwise be attaining 60th year of age not being permanently disabled, I shall not be eligible to benefits under the Act.  That the facts stated above are true to the best of my knowledge and belief.  Identified by Advocate  CERTIFICATE  Certified that the above named deponent being idntified  Advocate has solemnly affirmed before me facts stated above are true to the best of his / her knowledge.  NOTARY / EXECUTIVE MAGISTRATE	