

Form No-IV
(See rule 7)

Application for admission as a member of the Fund under sub-section (1) of section 18 of the Advocates Welfare Fund Act 2001.

Registration No.
For office use only

**Secretary,
Trustee Committee,
Haryana Advocates Welfare Fund,
Law Bhawan Sector 37-A, Chandigarh**

Please affix recent passport size attested photograph
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Sir,

I hereby apply for admission as a member of the Fund under **“Advocates Welfare Fund Act, 2001”**

1. Name of the applicant (in block letters)
(as given in Enrolment Certificate) _____
2. Father's / Husband's Name _____
3. Age and Date of Birth (proof to be attached) _____
4. Address (Residential proof to be attached)
(attested copy either of Ration Card or Voter
Card or Domicile Certificate or proof of
Property or pass-port or telephone bill. _____

Address (office), Ph. No. & Mob. No.
E.Mail Address _____
5. Number and Date of Enrolment as an Advocate
(copy of Enrolment Certificate be attached). P/_____
6. Date since practicing as an Advocate _____
7. Ordinary place(s) of practice (also give name (s)
of the Court/Tribunal/Other authority) _____
 - a) Previous place of Practice, if any _____
 - b) Number of Vakalatnama filed by the
five years (approximately) _____
8. Name of the Bar Association of which the
applicant is a member through which the
applicant claims benefit under the Act.
(A certificate of Bar Association be enclosed). _____
9. Whether applicant is/was a member of any welfare
Fund constituted under Pb. Advocates welfare fund
Act 2002 in Pb. State or Advocates Welfare Fund
Act,2001 in Haryana State or UT Chandigarh or
any other State Bar Council _____
10. Whether practice was discontinued for any period
and reason there for _____
11. Whether the applicant is in part/full-time
service/full-time business ,other profession
if yes, give full particulars. _____

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12. Whether the applicant was ever convicted by a court of law for an offence involving moral turpitude, if yes, (Certified copy of order be enclosed). _____
13. Whether the applicant, at present is facing any criminal proceedings or convicted by in any court of law if so, give full particulars of FIR and latest status of the proceedings _____
14. Name, age, occupation and other particulars of dependent (s) Name _____
Note: Attach separate sheet, if necessary: Age _____ Occupation _____
15. Name and address of the Nominee(s) the amount or share payable to each of the nominees; _____
16. Whether the applicant was ever removed from Membership of the Fund by Trustee Committee _____
17. Mode of payment/ :- application fee: **Rs. 200/-** Plus 100 Postal Charges **Non Refundable** :- Bank draft in favour of **“Chairperson Haryana Advocates Welfare Fund Trustee Committee” payable at Chandigarh** from any nationalized bank. Draft. No. _____ dated _____

Every Advocate shall pay annual subscription of Rs.50/- alongwith the application and thereafter on or before 31st day of March of Every year or life membership Rs.2000/-. Senior Advocates shall pay Rs.1000/- as annual subscription.

DECLARATION

- a) I hereby declare that the above particulars are true to my personal knowledge.
- b) I belong to District _____ in state of Haryana.
- c) I hereby undertake to abide by the provisions of the Act, Rules made there under and directions/instructions of the Trustee Committee / Bar Council issued from time to time, by way of resolution.
- d) I further declare that if any statement of fact stated in this Application is found to be false at any time, my name shall be liable to be struck off as a member of the Fund.

Dated:

Signature of the Applicant/Advocate

Certificate of Bar Association

Forwarded with the certificate that the applicant is an enrolled member of the Bar Association _____ at Sr. no. _____ Since _____ as mentioned in column 8 of this application and he/she has been regularly practicing as an Advocate

Dated:

Signature
Secretary
(Seal of the Bar Association)

Signature
President/Vice-President