

# THE BAR COUNCIL OF PUNJAB & HARYANA

(Benevolent Fund Scheme up to Age 65 Years)

LAW BHAWAN, SECTOR-37-A, CHANDIGARH,PHONE: 2688519

Application form for becoming Member of the Benevolent Fund Scheme.....

Framed under Punjab & Haryana Advocates Welfare Fund

For the year-201.....

1. Number of Enrolment Certificate  
(on the State Bar Council Roll) \_\_\_\_\_
2. Name of the advocate as  
Given in Enrolment Certificate \_\_\_\_\_
3. Father's /Husband's Name \_\_\_\_\_
4. Date of Birth and Age \_\_\_\_\_
5. Residential Address \_\_\_\_\_
6. Telephone No. if any  
With STD Code No. \_\_\_\_\_
7. Name of Bar Association of  
Which he is a Member \_\_\_\_\_
8. Name of the Nominee(Relation) \_\_\_\_\_

I certify that the informations furnished by me, as given above are correct and true to my knowledge and nothing has been concealed therein.

Place:

Dated:

Signature of the Advocate

.....  
**CERTIFICATE OF BAR ASSOCIATION**

It is certified that Mr./ Ms .....

S/o,D/o.....Enrolment No. P/.....

is a regular member of Bar Association and has been regularly practicing.

Dated:

Seal of  
Bar Association

Signature of the  
President/Vice President  
Secretary/or any other  
authorized office bearer

## OFFICE REPORT

The particulars of the Advocate given in the Application form, has been checked and found to be correct from Sr. No. 1 to 4 as per record available in the Bar Council Office and other based upon the certificate of the Bar Association and payment **Rs.1200/-**(Rupees one thousand two hundred only)received in cash or through Bank Draft No. ....Dated.....vide this office's Receipt No. ....Dated.....

Signature of Checking Official

Recommended

Hony. Secretary

Admitted as Member of  
Benevolent Fund

Chairman  
Benevolent Fund