

Medical Claim Form

To

The Chairman,
Trustee Committee
Bar Council of Punjab and Haryana,
Law Bhawan , Dakshin Marg, Sector 37-A,
Chandigarh.

Subject: Application for Providing financial assistance suffering from serious ailment.

Sir,

I, furnish hereunder the particulars required and request for grant of Medical financial assistance:-

1. Name of Applicant: _____
2. Father's Name :- _____
3. Address: _____
4. Enrolment No. and date of enrolment
(attested copy of enrolment certificate be enclosed P _____
- Place of Practice: _____
5. Whether he is Member of any Bar Association, if so, the name of the Bar Association be stated
(A certificate from the Bar Association to be attached .
6. Whether he contributes to Welfare Fund (Stamp) or not.
7. Date of Previous help, if any, Total Amount, obtained : _____
8. Place of treatment and duration of treatment
(Attested copy of prescription of Dr. and Cash Memos, be attached.
9. Total amount of treatment: _____
11. Whether Bar Association is recognized _____
Under, Punjab, Haryana Advocates Welfare Fund rules, 1998 or not :
12. Whether the applicant engaged gainfully employed in any service, profession or business:
if so, give details:-
13. Have the applicant, succeeded to the estate of the property, if so, give details of the Moveable & Immovable property:-
A). Description and Estate and Measurement:-
B). Extent of the property
14. Is the applicant insured with any Insurance company
If so, the amount insured and receipt of amount, if any:-

15. Whether the applicant, presently gainfully Employed in any trade, practice, or Service, Profession/ Business.
16. Whether the applicant has received or lodged any claim before any authority .
17. Annual Income from all sources:
18. Whether the applicant holds any movable & Immovable Property include Bank Balance:
19. Whether the applicant was income tax Assesse if Yes, accompany copy of Last return, filed.
20. Is the applicant drawing any pension, if yes, whether family pension, permissible. Under Rules, if yes, give details.

Signature of the applicant

Place:

Dated:

I, further certify that the above particulars furnished by me are true and correct to the best of my knowledge, no part therein is false and nothing has been concealed.

I, further undertake to furnish indemnity bond which is attached, separately.

Place:

Signature of the applicant

Dated:

References of two Advocates of Bar Association

1. I, personally know the Sh. _____ Advocate for the Last _____ years who was regular in practice and also conversant with Financial health of the applicant and to the best of my knowledge the above said, details furnished by the applicant, are correct & testify the same.

Signature of the Advocate
Enrolment No. P/

Full Name of the Advocate

Address & Ph. No.

Reference No. 2

2. I, personally know the Sh. _____ Advocate for the Last _____ years who was regular in practice and also conversant with Financial health of the applicant and to the best of my knowledge the above said, details furnished by the applicant, are correct & testify the same.

Signature of the Advocate
Enrolment No. P/
Full Name of the Advocate
Address & Ph. No.

Verification of the President of Bar Association

3. I, have gone through the contents of the above said declaration, as per attestation of the two members of the Bar and on my personal verification the declaration is found to be true & correct as well as well genuine and bonafide I, recommend financial assistance to the applicant.

Seal of the Bar Association

Signature of the President
Bar Association _____
Enrolment No. P/
Address & Ph. No.

Comments of Member Bar Council

Specimen

CERTIFICATE FROM THE BAR ASSOCIATION

I, _____ the President, Bar Association.
_____ Distt. _____ hereby
certify that Sh. _____ Advocate who has applied for
medical financial assistance from Punjab Haryana Advocate Welfare fund is a Member of this bar
Association and is actively practicing at _____ and he/she is suffering from serious
ailment and requires Medical Assistance/help. I strongly recommend his case for grant of financial
assistance and this is a fit case for grant of relief.

I, further certify that Sh. _____ has been
contributing to the Welfare- Fund by affixing the stamps and his name is entered at Sr.
No. _____ in the list maintained by Bar Association.

Place:-

Date

**Seal of the
Bar Association**

**Signature of the
Signature of the Bar Association**

**Recommendation of
Member Bar Council**

Signature

Specimen

(To be typed on Rs. 15/- non Judicial Stamp paper and attested by the Notary Public)

**This deed of indemnity bond is executed this _____ day
of _____ by Sh. _____**

Advocate son of Sh. _____

Residing at _____

(hereinafter called the applicant) in favour of Trustee Committee of Bar Council of Punjab and Haryana having its office at the office of Bar Council of Punjab & Haryana, Chandigarh.

Whereas, the above said applicant/s has / have applied for the financial assistance to the said committee which has to consider the claim of the applicant and pass, after necessary enquiry, order for grant of financial assistance.

Whereas, it has become necessary to file the indemnity bond as required under the rules.

The applicant/s has / have executed this indemnity bond in favour of the Trustee Committee, agreeing to indemnify the payment made towards such financial assistance to applicant/s by the committee in the event of the amount so paid has been obtained by the applicant/s by fraud mis-representation, false claim and further agreeing that the applicant/s shall be liable for all the consequences arising out of such fraud, mis-representation and false claim.

The applicant has not claim any reimbursement of these bill attached with application from any LIC or any other agency. In case, I apply for claim in further to LIC and any agency, I shall intimate to the bar Council.

**In witness whereof the applicant/s has/ have set his/her / their hand and signature
on _____**

**Signature
Witness No. 1.**

**Signature of the
Executant.**

**Name and address
Witness No. 1.**

**Signature
Witness No. 2.**

**Name and address
Witness No. 2.**