

Death Claim Form (Covid-19)

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

Subject: Application for providing financial assistance due to death from Covid-19.

Sir,

I,/we _____ wife./son/daughter/father the dependants of the deceased
Advocate Sh. _____

1. Name of Applicant/s:
2. Present Address :-
3. Relationship with the deceased
Advocate
4. Age of each Applicant:-
5. Name of the Deceased Advocate :
6. Date of Birth & Age of the deceased
Advocate
7. Enrolment No. of deceased advocate
(Original Enrolment Certificate & I/card
Be submitted) in case I/card & Enrolment certificate
lost or nor traceable then affidavit to this effect be
attached:
8. Cause of death due to Covid-19 (Proof be Attached):-
9. Date of Death (Death Certificate be Enclosed:-
10. Whether he was Member of any Bar
Association (a Certificate from the President of
concerned) Bar Association to be attached

Signature of the applicant
Mobile No.

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:-
Dated:

Signature of the applicant

Verification of the President of Bar Association

1. I, have gone through the contents of the above said declaration is genuine and bonafide. The above named of the deceased advocate was the member of this Bar Association. He/She was in active and regular practice. I recommend financial assistance be provided to the applicant.

Seal of the Bar Association

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

**Recommendation of
Member Bar Council**

Signature

Note:-

1. The applicant is advice to submit their single application form either online at email bcphcovidhelp@gmail.com or send hard copy in office of Bar Council.