

# THE BAR COUNCIL OF PUNJAB & HARYANA

(Benevolent Fund Scheme upto Age 65 Years)

LAW BHAWAN, SECTOR 37-A, CHANDIGARH, PHONE : 0172-2688519

Application form for becoming Member of the Benevolent Fund Scheme.....  
framed under Punjab & Haryana Advocates Welfare Fund

For the year - 202.....

(FILL IN CAPITAL LETTERS)

1. Number of Enrolment Certificate  
(on the State Bar Council Roll) PH/ \_\_\_\_\_
2. Name of the advocate as  
given in Enrolment Certificate \_\_\_\_\_
3. Father's Name \_\_\_\_\_
4. Date of Birth and Age \_\_\_\_\_
5. Residential Address \_\_\_\_\_
6. Mobile No. \_\_\_\_\_
7. Name of Bar Association of  
which he/she 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

## CERTIFICATION OF BAR ASSOCIATION

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

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

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

Dated :-

Seal of  
Bar Association

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

## OFFICE REPORT

The particulars of the advocates 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.2000/- (Rupees two thousand 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**