

SUBJECT TO VALID ENROLMENT
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

Form No.

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. Place of Practice _____
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 through

Bank Draft No. Dated

QR Code Dated

POS Machine Dated

Vide this office's Receipt No. Dated

Signature of checking official

Recommended

Hony. Secretary

**Admitted as Member of
Benevolent Fund**

**Chairman
Benevolent Fund**