

Form No.- IV

(See rule 7)

Application for admission as a member of the Fund under sub- section (1) of section 18 of the Advocates Welfare Fund Act 2001 .

Registration No.....

For office use only

Chairman
Trustee Committee,
Haryana Advocates Welfare Fund,
Law Bhawan Sector-37-A, Chandigarh.

Please affix
recent
passport size
attested
photograph

Sir,

I hereby apply for admission as a Member of the Fund under “Advocates Welfare Fund Act, 2001”

1. Name of the applicant (in block letter)
(as given in Enrolment Certificate) _____
2. Father's /Husband's Name _____
3. Age and Date of Birth (proof to be attached) _____
4. Address (Residential proof to be attached
(attested copy either of Ration Card or Voter
Card or Domicile Certificate or proof of
Property or pass- port or telephone bill. _____
Address (office), Ph. No. & Mob No. _____
E- Mail Address _____
5. Date of Enrolment as an Advocate and Enrolment
Number on the roll of Bar Council of Pb & Hry.
(Copy of Enrolment Certificate be attached) P/ _____
6. Date since practicing as an Advocate _____
7. Ordinary place (s) of practice (also given name (s)
Of the Court/ Tribunal/ Other authority _____

(a) Previous place of Practice, if any, _____
(b) Number of Vakalatnama filed for the
Five years (approximately) _____
8. Name of the Bar Association of which the
Applicant is a member through which the
Applicant claims benefit under the Act.
(A Certificate of Bar Association be enclosed) _____
9. Whether practice was discontinued for any period
and reason therefore _____
10. Whether the applicant is in part/full-time
Service/full-time business, other profession
If yes, given full particulars. _____
11. Whether the applicant was ever convicted by a
Court of law if so give full details _____
For an offence involving moral turpitude,
If so, (Certified copy of order be enclosed) _____

12. Whether the applicant, at present is facing any Criminal proceedings or if so, give full particulars Of FIR and latest status of the proceedings _____
13. Name, Age, occupation and other particulars Of dependents (S) **Name** _____
Note: Attach separate sheet, if necessary **Age** _____ **Occupation** _____
14. Name and address of the Nominee(s)
The amount or share payable to each of the nominee _____
15. Whether the applicant was ever removed from Membership of the Fund by Trustee Committee _____
16. Mode of Payment/: Application fees Rs. 200/- Draft No. _____ Dated _____
Plus Rs. 100/- Postal Charges non Refundable: Bank Draft in favor of **“Haryana Advocates Welfare Fund Trustee Committee” Payable at Chandigarh** from any nationalized Bank.

Every Advocate shall pay annual subscription of Rs. 50/- on or before 31st day of March of Every year .

Except in case life membership Rs. 2000/-

Senior Advocates shall pay Rs. 1000/- as annual subscription.
(To be paid after the acceptance of application form for membership of the fund.)

Note:-

DECLARATION

- (a) I hereby declare that the above particulars are true to my personal knowledge.
(b) I belong to State of Haryana.
(c) I hereby undertake to abide by the provisions of the Act, Rules made there under and directions/ instructions of the Trustee Committee/ Bar Council issued from time to time
(d) I further declare that if any statement of fact stated in this application is found to be false at any time, my name shall be liable to be struck off as member of the Fund and will be entitled to any benefit of the Fund or refund of contribution paid by me and same shall stand forfeited.

Dated: _____

Signature of the Applicant/ Advocate

Certificate of Bar Association

Forwarded with the certificate that the applicant is a enrolled member of the Bar

Association _____ at Sr.No. _____ Since _____ as mentioned in column 8 of this application and he/she is regularly practicing as an Advocate.

Dated: _____

Signature
Secretary
(Seal of the Bar Association)

Signature
President/Vice- President