

BEFORE THE CHANDIGARH ADVOCATES WELFARE FUND, TRUSTEE COMMITTEE.

(For providing Financial Assistance in extra-ordinary situation arising out of COVID-19 Pandemic).

Last date on or before _____ up to 5 PM

1. Name of the Advocate/Applicant:- _____
 2. D.O.B _____ Enrolment No. _____ D.O.E _____
 3. Address of the Member of CAWF _____
 4. Father's Name and occupation :- _____
 5. Mother's name and occupation:- _____
 6. Name of Spouse and Occupation:- _____
 7. Email ID:- _____ Mobile No. _____
 9. Receipt No. CAWF/ _____ Dated _____ Membership Life time or Annual,
 10. Place of Practice _____ Years of Practice _____
 11. Name of Bar Association (in which he/she is practicing and voter) _____
 12. Annual Income (As per Income Tax Return of last year) if any, copy to be attached. _____
 13. Applicant/s Bank Account No. _____ IFS Code _____
- Bank Name and Address:- _____

Declaration:-

I, _____ Advocate do hereby declare that I am in active and regular practice at Bar Association _____ since _____. I have no other income from any other source except my profession as Advocate. At this time I am in a great financial difficulty, finding hard for my livelihood due to present extra-ordinary situation because of the pandemic/lockdown in the country. I hereby declare that the above information, particulars, statements are true and correct to my knowledge and if the above mentioned information is found false then I will be liable for disciplinary action for misconduct under the Advocates Act 1961.

Signature of the applicant/ Member CAWF

Name:- _____

Dated.

- Note:- 1. Only typed in capital words are allowed. (2) Application Form download from www.cawftc.co.in
3. Only filled up forms through email will be accepted at chandigarhadvocatfund@gmail.com
4. Needy Advocate/s means an advocate/s who got registered with Chandigarh Advocates Welfare Fund Trustee Committee who fulfill the following criteria.

Approved and issued