

**Form No.- IV**

**(See rule 8)**

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

Registration No.....

For office use only

Chairman  
Trustee Committee,  
Chandigarh Advocates Welfare Fund,  
SCO No.-64-65, First Floor, Sector-17-D 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 Adhar Card, Driving  
License, Pasport or any other Statutory  
Identification showing residence. \_\_\_\_\_  
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 there for \_\_\_\_\_
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 ,for an offence involving moral turpitude,  
If so, ( Certified copy of order be enclosed) \_\_\_\_\_

P.T.O.

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) \_\_\_\_\_  
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 he/she is already a member of Any other Advocate Welfare Fund, if so give particulars \_\_\_\_\_
16. Whether the applicant was ever removed from Membership of the Fund by Trustee Committee \_\_\_\_\_
17. Mode of Payment/: Application fees Rs. 200/- Total Amount 300/-  
Plus Rs. 100/- Postal Charges non Refundable: Draft No. \_\_\_\_\_ Dated \_\_\_\_\_  
Bank Draft in favor of "**Chandigarh Advocates Welfare Fund Trustee Committee**" Payable at **Chandigarh** from any nationalized Bank.

Every Advocate shall pay annual subscription of Rs. 50/- on or before 31<sup>st</sup> 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.)

### **DECLARATION**

- (a) I hereby declare that the above particulars are true to my personal knowledge.  
(b) I belong to Union Territory Chandigarh.  
(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

Signature  
President/Vice- President  
(Seal of the Bar Association)