

**APPLICATION FORM FOR THE MEMBERSHIP OF THE FUND
UNDER SECTION 16 OF THE ADVOCATES WELFARE FUND
(Act No.15 / 1987)**

The Secretary
Trustee committee
JODHPUR

Please affix
your
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Photo

Sub : Application under section (16)

Sir,

I apply to be admitted as member of the fund :

1. Name(in CAPITAL letters) :
2. Father's Name :
3. Date of Birth :
4. Address :
5. Enrolment No. and Date in the Bar Council.....
6. Date since practicing as
 - (a) Pleader
 - (b) Advocate
7. Name of Bar Association of which the applicant is member (Certificate of Recognised Bar Association be enclosed)
.....
8. Period of Suspension of Practice from to
9. Reason of Suspension
10. Whether the applicant was convicted by a Court of law for an offence of moral turpitude
11. Particulars of nomination
 - A. Name and Age of the nominees (in CAPITAL letters) :
 - B. Relationship :
 - C. Address :
 - D. Name of other legal heirs of I class as per succession law.
(If there is more than one nominee, please specify amount or share payable to each of them as to cover whole of amount payable.)
12. Amount of Fees : Rs. in words.....
13. D.D. No. (A/c payee).....
14. Whether the applicant was ever removed from membership of fund, if so :
When.....
Why
- Date of revival :
15. Any other details (if any) :
.....
Phone No..... Mobile No.....

DECLARATIONS

- A. I hereby declare that the above particulars are true to my personal knowledge.
- B. I hereby undertake to abide with the provisions of Act, Rules and directions etc. made thereunder.
- C. I hereby undertake to pay subscription as required.
- D. I have not been enrolled / resumed practice after serving 15 years under any employer or crossed 45 years of age.

Date

Signature of applicant Advocate

Forwarded to the Secretary, Trustee Committee, RAWF, Jodhpur certifying that the applicant is a member of this Bar Association.

President/Secretary
BAR ASSOCIATION
with Seal.

Regin No.....Dt.....

RAJASTHAN ADVOCATES WELFARE FUND
C/O BAR COUNCIL OF RAJASTHAN
High Court Building, Jodhpur - 342 001

No. RAWF / Adm

Dated _____

Shri _____ Advocate

Sub : Membership u/s 16 of the Rajasthan Advocates Welfare fund Act, 1988

Dear Sir,

Enclosed please find an application form for the membership of the Rajasthan Advocates Welfare fund.

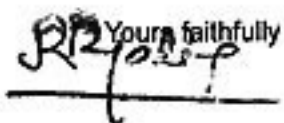
The form may be returned duly filled in alongwith admission fee of Rs. 400.00 plus yearly subscription mentioned below (as may be applicable). The form must be forwarded by the President/ Secretary of the Bar Association by putting seal of the Bar Association of which you are a member. (The Bar Association must be registered under the aforesaid Act with this office).

YEARLY SUBSCRIPTION :

| | |
|--------------------------------------------------------------|---------------|
| (a) Less than 5 years practice | Rs. 200.00 |
| (b) 5 years practice of more but less than 10 years practice | Rs. 500.00 |
| (c) 10 years practice or more | Rs. 750.00 |
| LIFE TIME SUBSCRIPTION | Rs. 10,000.00 |

The period of yearly subscription runs from 1st July to 30th June of every year and the member is required to deposit the yearly subscription in advance which must reach this office on or before 30th June of every year. The D.D. may be prepared in favour of secretary, Rajasthan Advocates welfare fund payable at Jodhpur.

Persons who have applied for enrolment after serving for 15 years or more anywhere or crossed 45 years of age **NEED NOT APPLY** for the membership to the fund as they are NOT ELIGIBLE to get the benefits out of the above fund.

Yours faithfully


Encl. : Form u/s 16 (overleaf)

Secretary