

RAJASTHAN ADVOCATES WELFARE FUND

To,
The Secretary,
Rajasthan Advocates Welfare Fund Committee,
Bar Council's Office,
High Court. Building,
Jodhpur.



Sub : Application grant of ex-gratia.

Sir,

In above reference I am Submitting herewith this application with all necessary information required along with original bills and medical papers for the purpose of disbursement of ex-gratia to me.

1. Name of Applicant :
2. Address :
3. Place of Practice :
Enrolment No. :
4. No. of years membership :
to R.A.W.F.
5. Whether all payments of :
RAWF have been made or
not (if due, same should
be enclosed with the
application)
6. Whether your name has :
been struck off from the
roll of RAWF, if yes,
when
7. Whether your membership :
to RAWF is revived or not,
if yes, when? Submit proof
thereof.
8. When the disease :
or accident first reported
9. Brief of disease / disability :
10. Place of treatment and :
name of attending doctor
11. Date of discharge from :
hospital
12. Whether you are insured :
by Mediclaim or personal
accident Insurance. if yes,
give details.

2) PHONE NO.

MOBILE NO.

13. Whether you have received :
any amount towards
solarium from any Association
or Organization in this regard,
if yes, give details.
14. Whether you have filed or :
intend to file any consumer
dispute/accident claim,
petition with reference to
present claim, if yes, give
details of the same.
15. Whether your treatment :
is continuing or completed
16. Certificate of disability, :
if any, issued by Medical
Board.
17. Whether you are suffering :
from an incurable disease,
specify the same.
18. Total expenditure incurred. :
19. Amount claimed by you. :
20. Whether you are an Income Tax Payer
if yes, last year Returned Net Income.

NOTE:- Submit all treatment papers duly notarized and all original medical bills of the relevant dates only along with list of the same. Photo copies of the bills will not be accepted.

I Submit necessary information along with all original bills and duly notarized medical papers with discharge ticket and shall also produce, if desired, the original of the same as and when desired. I have not received any solarium from any other fund or organization with reference to ex-gratia which is claimed in this case. I declare that whatever information is given is correct and nothing wrong has been stated therein. Kindly arrange to give me the ex-gratia after verification of all documents and bills.

Thanking you,
Date

SIGNATURE OF APPLICANT

Verification and recommendation of President, Bar Association.

PRESIDENT, BAR ASSOCIATION.