

FORM OF APPLICATION BY MEMBER UNDER SECTION 17 FOR THE PAYMENT

1. Name and Address of the Member :
2. Date of Birth :
3. Date of Enrolment & R. No. :
4. Date of admission as member to the R.A.W.F. :
5. Duration of practice before Admission as member :
6. Duration of practice after admission as member :
7. Date of discontinuance of practice :  
(A) Date of discontinuance  
(B) Date of Revival  
  
(If there are more periods than one, please state all)
8. If the member joined any employment :  
since after becoming member, details  
be given.
9. Total period of discontinuance of Practice :  
  
(A) Before admission as member  
(B) After admission as member
10. Amount claimed and details in short :  
for it.

I hereby declare that the particulars are true to my personal knowledge.

Signature

Date: \_\_\_\_\_

Verification and recommendation of President, Bar Association

President, Bar Association

# THE RAJASTHAN ADVOCATES WELFARE FUND

C/o THE BAR COUNCIL OF RAJASTHAN  
HIGH COURT BUILDINGS, JODHPUR-342001

Application for retirement as an Advocate under Section 17 of Rajasthan Advocates Welfare Fund Act & to remove name as an Advocate Section 26(A) of the Advocates Act.

To,

The Secretary,  
Rajasthan Advocates Welfare Fund Committee,  
C/o Bar Council of Rajasthan,  
High Court Building,  
JODHPUR

Please  
affix your  
latest  
passport  
size photo

Sir,

I am not in a position to practice as an Advocate. I have applied for retirement benefits under Rajasthan Advocates Welfare Fund Act. Kindly remove my name on the Roll from the date of sanction retirement benefits by the Trustee Committee. I am enclosing the original Certificate of Enrolment issued by the Bar Council of Rajasthan.

My Particulars are given as under: -

1. Name :
2. Address :  
(A) At the time of Retirement :  
(B) After Retirement :
- Phone No. ....
- Mobile No. ....
3. Enrolment No. :
4. Date of Enrolment :
5. Reason for Retirement :  
(Give full detail)

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(Signature in English)

Place:

Date:

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(Signature in Hindi)

Encl: Original Enrolment Certificate.

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- N.B. : 1. Please return form duly filled alongwith a D.D. of Rs. 100/- (Rs. Hundred only) payable to Secretary, Bar Council of Rajasthan, Jodhpur)  
2. The Original Certificate must be enclosed.