

**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 and 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.

Date.....

**Signature**

Verification and recommendation of President, Bar Association.

Phone No.

Mobile No.

**President, Bar Association.**

# THE RAJASTHAN ADVOCATES WELFARE FUND

C/o THE BAR COUNCIL OF RAJASTHAN  
HIGH COURT BUILDINGS, JODHPUR -342 001

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  
Trustee Committee  
Rajasthan Advocates Welfare Fund  
C/o Bar Council of Rajasthan  
High Court Buildings  
JODHPUR - 342 001

Dear 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 :
- (3) Enrolment No. :
- (4) Date of Enrolment :
- (5) Reason for Retirement :  
(Give full details)

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(Signature in English)

Place :  
Dated :

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(Signature in Hindi)

Encls : Original Enrolment Certificate.

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- N.B. : 1. Please return form duly filled along with a D. D. of Rs. 25/- ( Rs. Twenty Five Only) payable to **Secretary, Rajasthan Advocates Welfare Fund.**  
2. **The Original Certificate must be Enclosed.**