

BAR COUNCIL OF INDIA WELFARE COMMITTEE FOR THE STATE OF JHARKHAND
APPLICATION FOR MEDICAL AID

1. Name of the Applicant Advocate:
(In Block Letter)
2. Father's Name:
3. Age & Date of Birth:
4. Permanent Address:
5. Enrolment No & Date of Enrolment:
6. Member of any Bar Association and if so its name:
7. Place of Practice: 8. Ph. No. / Mobile No.:.....
9. Date of his contribution in this Fund:
(Photocopy of Last Payment receipt enclose)
10. State the nature of ailment or disability and its duration:
(Please enclose Photocopy of all relevant documents):
11. Doctor's Certificate as to his serious ailment or disability:
(Please enclose the Certificate):
12. All dues paid by me under Rule 40, chapter II, Part - VI, of Bar council of India Rules.
13. I certify that I am a practicing , Advocate atI have received Rs.
...../ not received any amount on account of Medical Aid from the
Advocate's Welfare Fund of the Bar Council of India for the State of Jharkhand
14. All Information's given by me are true & correct.

Date.....

Place.....

(Full Signature of Applicant)

IPresident / Secretary of the Bar Association or Member of Jharkhand State Bar Council, do hereby forward the application of Sriwho is practicing atas I personally know that he is suffering from..... and is in need of medical help. I recommend his application for medical aid from the Fund. Since it is a genuine case.

Date:.....

(Signature of recommending authority with Stamp)

Place:

(Secretary / President)

NOTE: All supporting documents along with this form must be duly attested by Gazzatted officer or Self .