

THE BAR COUNCIL OF PUNJAB & HARYANA

(Benevolent Fund Scheme up to Age 65 Years)

LAW BHAWAN, SECTOR-37-A, CHANDIGARH, PHONE: 0172-2688519

Application form for becoming Member of the Benevolent Fund Scheme.....

Framed under Punjab & Haryana Advocates Welfare Fund

For the year-201.....

1. Number of Enrolment Certificate
(on the State Bar Council Roll) _____
2. Name of the advocate as
Given in Enrolment Certificate _____
3. Father's /Husband's Name _____
4. Date of Birth and Age _____
5. Residential Address _____
6. Telephone No. if any
With STD Code No. _____
7. Name of Bar Association of
Which he is a Member _____
8. Name of the Nominee(Relation;) _____

I certify that the informations furnished by me, as given above are correct and true to my knowledge and nothing has been concealed therein.

Place :

Dated :

Signature of the Advocate

.....
CERTIFICATE OF BAR ASSOCIATION

It is certified that Mr./ Ms

S/o,D/o.....Enrolment No. P/.....

is a regular member of Bar Association and has been regularly practicing.

Dated:

Seal of

Signature of the
President/Vice President
Secretary/or any other

OFFICE REPORT

The particulars of the Advocate given in the Application form, has been checked and found to be correct from Sr. No. 1 to 4 as per record available in the Bar Council Office and other based upon the certificate of the Bar Association and payment Rs.2000/- (Rupees two thousand only) received in cash or through Bank Draft No.Dated.....vide this office's Receipt No.Dated.....

Signature of Checking Official

Recommended

Hony. Secretary

Admitted as Member of
Benevolent Fund

Chairman
Benevolent Fund