

THE BAR COUNCIL OF MAHARASHTRA & GOA

2nd Floor, High Court Annexe, Fort, Mumbai-400 032.

Tel-(022)-2267 3371

From:- Miss Varsha C.Rokade.
M.A.,LL.B.
Secretary.

Sub:- Rule 40, The Bar Council of India.

1. The claim application should be submitted in DUPLICATE.
2. Recommendation of The Bar Association of which the applicant is a member, in the form of Resolution of the Managing Committee of the said Bar Association. It needs to be reflected in the said resolution that the contents of the **Claim application and medical certificate are genuine** and also the period during which the Applicant Advocate was **unable to practice due to his illness.** (तुम्ही सदस्य असलेल्या बारचा ठराव पाठवणे)
3. Xerox copies of the Bills and Medical papers duly certified by the President of the Concerned Bar Association.(Certified by the Notaries or any other Authority will not be considered) (तुम्ही सदस्य असलेल्या बारच्या अध्यक्ष व सचिव यांच्या खरी नककलची परत पाठवणे)
4. Xerox copy of receipt, amount paid to rule 40.(Subscription).
5. Medical Certificate.

THE BAR COUNCIL OF MAHARASHTRA & GOA

FORM

Application for Financial Assistance Under Scheme I & II.

To:

The Chairman,
Bar Council of India- Advocates Welfare Committee for Maharashtra,
Bar Council of Maharashtra & Goa,
2nd Floor, High Court Extension,
Mumbai- 400 032.

Sir,

I Furnish hereunder the particulars required and request for grant of financial assistance.

1. Name in Capital Letters. :-
(Surname First) _____
2. Address: _____

Tel. _____ Mobile _____
3. Roll No. & Date of Enrolment: MAH/ _____ / _____ ,Date:- _____
4. Place of Practice: _____
5. Name of the Bar Association of
which the applicant is a member. _____
6. Whether contributed fully to the
welfare fund. _____
7. Date of last payment and amount
with the receipt number. Receipt No. _____ Rs. _____
8. (a) Whether Previously availed
any financial assistance. _____
(b) If so, amount and date. _____
9. Nature of illness: _____

10. Place and duration of treatment: _____
11. Whether certificate from a Registered
medical Practitioner enclosed. _____
12. Amount required for treatment: _____

13. No. of dependents and the relationship: _____

14. Whether certificate from the president of Bar Association along with resolution of the Managing Committee is enclosed: _____

15. Any other information, that the applicant wishes to state: _____

Place:

Signature of Applicant.

Date:

VERIFICATION

I _____ the applicant above named do hereby solemnly state that what is stated above is true to the best of my knowledge, belief and information.

Signature of Applicant

CERTIFICATE (proforma)

I, _____ the President, Bar Association _____ certify that **Shri/Smt.** _____, advocate, who has applied for financial assistance from the advocates welfare Fund is a Member of this Bar Association, actively practicing at _____ and since he/she is suffering from ailment, requiring medical treatment/disabled to practice, I recommend for grant of financial assistance.

Place:

SIGNATURE
Seal of the Bar Association.

Date:

FORM-II
RECEIPT

RECEIVED a sum of Rs. _____ (in words _____
_____) from the
Secretary, Advocates Welfare Committee, Bar Council of Maharashtra & Goa,
Mumbai towards financial assistance granted by the Committee on my
application.



Paste Rs. 1/- Revenue stamp
& Sign across

Cheque No.- _____
B.O.I. Dtd. _____

Name & Address.

AUTHORISATION

I, _____, the Applicant/Advocate under
Roll No. _____ residing at

_____ who is related to me as _____/my friend, residing with
me/at _____ to receive on my behalf, the amount
of Rs. _____/(in
words _____) granted to me as financial
assistance by the Advocates Welfare Committee on my application
dated _____.

Place:

Signature of Applicant

Date:

SIGNATURE OF THE
AUTHORISED REPRESENTATIVE

I attest the signature above, as that of my representative who has signed before
me.

Signature of Applicant

**Note: Medical Bills and Medical Certificate should be produced along with
claim application with details of ailment and duration of treatment.**