

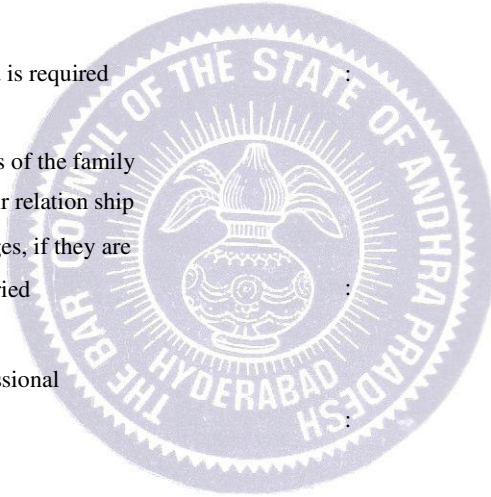
BAR COUNCIL OF THE STATE OF ANDHRA PRADESH AT HYDERABAD

FORM NO.16

Application form for the grant of financial assistance from the funds of the

Bar Council of the State of Andhra Pradesh

1. Full name of applicant advocate :
2. Residential Address :
3. Office or Chamber address :
4. Date of Enrolment with Roll No. :
5. Court, or Courts in which the applicant is or has been practicing :
6. Reasons for financial aid (See note (a) & (b) below) :
7. The nature and extent of financial aid :
8. Period for which the aid is required :
9. The number of members of the family of the applicant and their relation ship to the applicant, their ages, if they are Daughters are they married :
10. Average monthly professional income of the applicant :
11. Sources of other income and the extent thereof :
12. Income of other members of the Family of the applicant :
13. Whether the applicant has applied for any or is or was in receipt of aid from any person trust or institution and if so, since when and the nature extent and duration of :
14. Whether the applicant has applied for or received aid previously and if so, when, the nature and duration of :
15. Whether the applicant has any movable or immovable property, state the particular thereof and the value thereof and state particulars of any encumbrances thereof :



16. Whether the applicant has any Banking A/c.  
if so, state the particulars thereof :
17. Whether the applicant has any cash or  
investments state the particulars thereof :
18. Whether the applicant is insured if so, state  
the particulars of the insurance policy  
and whether premium is regularly paid or not :
19. Whether the applicant is prepared to give  
any security or guarantee if so, state  
the particulars thereof :
20. Whether the applicant has been held guilty  
of professional misconduct at any time  
by any Bar Council or High Court and if so,  
state the particulars thereof :
21. Whether any complaint of misconduct is  
pending against the applicant, if so, state  
the particulars thereof :
22. Whether the applicant has been convicted  
in a Criminal Court involving moral turpitude  
If so, state the particulars thereof :
23. Whether the applicant has any money  
decrees against him or her in his/her  
favour, if so, state the particulars thereof :
- i. The particulars furnished and the Statements made herein above are true to the best of my knowledge information and belief.
  - ii. I agree and undertake to inform the Bar Council of any change of circumstances or conditions, during the period of the aid.
  - iii. I agree and undertake to supply to the Council any particulars and information in connection with this application or the aid as may be required from time to time by the Council or the Committee or the Secretary of the Council.

This day of \_\_\_\_ 200 \_\_

Signature of the Applicant

Note:

- (a) In case of disability, a medical certificate to the satisfaction of the Committee Shall be furnished
- (b) In the event of the applicant being unable to sign, the application may be signed by any other advocate or the adult member of the family of the applicant.
- (c) In case of indigency, two certificates by advocates of not less than 15 years standing, certifying of their own knowledge the indigent circumstances of the applicant shall also be furnished. Certifying advocate must not be related to the applicant.