FORM NO.6
(See Rule 25)

ANDHRA PRADESH ADVOCATES WELFARE FUND ACT. 1987

Application Form for the Grant of Financial Assistance to the
Indigent/ Disabled Advocates

1. Full Name of the Applicant/Advocate :

2. Residential Address :

3. Office or Chamber Address :

4. Date of Enrolment and State Roll No. :

5. Court or Courts in which the applicant was or has been practising :

6. Reasons for seeking Financial Assistance :

7. Extent of Financial Assistance required :

8. Average monthly professional income of the applicant :

9. Sources of other income of the Applicant if any :

10. Whether the applicant has applied for or received aid previously from the Fund and if so, when, nature and duration of :

11. Whether the applicant has any movable or immovable property, state the particulars thereof and the value thereof and state particulars of any encumbrances thereof :

12. Whether the applicant has any banking a/c. if so, State the particulars :

13. Whether the applicant has any cash or Investments, state the particulars if any :

14. Whether any complaint of misconduct is pending against the applicant, if so, state the particulars thereof :

15. Whether the applicant is a member of the Andhra Pradesh Advocates Welfare Fund :

(i) The particulars furnished and the statements made herein above are true to the best of my knowledge and belief.

(ii) I agree and undertake to inform the Bar Council, if any change of circumstances or conditions, during the period of the aid.

(iii) I agree and undertake to supply to the Committee any particulars and information in connection with the application or the aid as may be required from time to time by the Council or the Committee or the Secretary of the Council.

Place :

Date : Signature of the Applicant