

FORM NO.3

Mobile No.

(See Rule 5)

ANDHRA PRADESH ADVOCATES WELFARE FUND ACT, 1987  
APPLICATION UNDER SECTION 15 OF THE ANDHRA PRADESH  
ADVOCATES WELFARE FUND ACT, 1987

To

The Secretary,

A.P. Advocates Welfare Fund Committee,

Bar Council of Andhra Pradesh,

High Court Premises, Amaravati – 522 239.

Name of the Advocate :

(in Block Letters)

Address :

I am regularly practising as an advocate within the jurisdiction of your Bar Council.

I declare as follows:

- a. I am an advocate ordinarily practicing at \_\_\_\_\_
- b. I am not an undischarged insolvent.
- c. I have never been convicted by any Court for an offence involving moral turpitude.

OR

A period of two years has elapsed since my release after being convicted of an offence involving moral turpitude. (In case of conviction particulars of such conviction should be given)

- d. I am not in full time service or business or any such part time business or other avocation as is not permitted in the case of practicing advocates by the rules of the Bar Council.
- e. I have not been suspended from the practice and
- f. I am a member of the \_\_\_\_\_ Bar Association, which is registered and recognized by the Bar Council of Andhra Pradesh (Vide Registration No. \_\_\_\_\_).

I am herewith enclosing a Certificate of the Bar Association stating that I am a member.

- g. I am herewith enclosing a D.D. for Rs.2100/- towards Admission Fees & Life subscription drawn in favour of “**Andhra Pradesh Advocates Welfare Fund**” OR paying cash of Rs. 2100/-.
- h. Whether suffering from any ailment.
- i. I am aged \_\_\_\_\_ years and my date of birth being \_\_\_\_\_
- j. I am enrolled as an advocate on \_\_\_\_\_ and my State Roll No. is AP/ \_\_\_\_\_ /
- k. I have paid the Advocates Welfare Fund of the Bar Council of India for the State of Andhra Pradesh upto the period ending \_\_\_\_\_

I verify that the contents of the declaration are true to my knowledge.

I request that I may be admitted as member of the AP Advocates Welfare Fund.

Place:

Date:

Signature

FORM NO.4

(See rule 19)

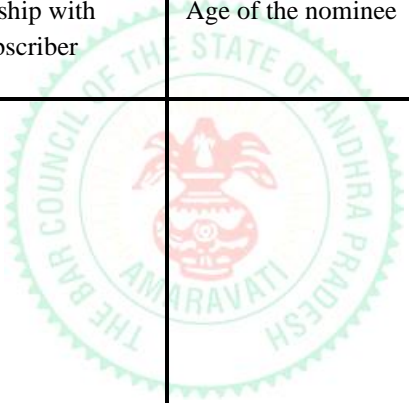
ANDHRA PRADESH ADVOCATES WELFARE FUND ACT, 1987.

FORM UNDER SUB SECTION (8) OF SECTION 15

FORM OF NOMINATION

Affix Passport  
Size photograph  
Of the  
nominee/nominees

I hereby declare that the members of my family/person or persons so long as I have no family and direct that the amount payable to me from Andhra Pradesh Advocates Welfare Fund at the time of my death shall be paid or distributed to those mentioned below in the manner shown against their names:

1			4
Name & Address of nominee or nominees	Relationship with the Subscriber	Age of the nominee	Share to be paid
			

Place :

Date :

Signature of the Advocate

Two witnesses to the signature (Advocates)

1)

(Name in Block Letters)

2)

**NOTE:**

1. On the death of any one nominee or nominees a fresh declaration and nomination form shall have to be filed with the least possible delay.
2. If the member subsequently acquires a family he shall file a fresh declaration and nomination form.

**Enclosures:**

1. Original Bar Association recommendation Letter, Xerox Copy of AIBE Pass Certificate.