

**ADVOCATES WELFARE FUND OF THE BAR COUNCIL OF INDIA
FOR THE STATE OF ANDHRA PRADESH**

From :

A.RAMI REDDY,
Chairman,
Advocates' Welfare Fund of the
Bar Council of India for the State of
Andhra Pradesh, Ground Floor,
A.P.High Court Buildings,
Nelapadu, AMARAVATI – 522 239



To :

The Presidents of all
Bar Associations in the State

Date: 16-06-2021

Dear Brother,

Sub:- **“Advocates' Welfare Fund of the Bar Council of India for the State of Andhra Pradesh”** – Direction from the Bar Council of India to disburse the amount to the Advocates' towards Financial Assistance, suffered from COVID second wave - Reg.

This is to inform you that the Bar Council of India has permitted to extend Financial Assistance to the Advocates of Andhra Pradesh, to the second wave COVID sufferers, through the “Advocate Welfare Fund of the Bar Council of India for the State of Andhra Pradesh”.

The Advocates, seeking Financial Assistance can submit their applications to the Secretary, State Bar Council, along with the COVID Report, in support of their claim and necessary relevant documents in case of hospitalization, along with the recommendation either from the Member, State Bar Council OR from the President, Bar Association, **before 10-07-2021**. The Advocates, filed Applications / Declarations under COP Rules, alone, are eligible to claim the Assistance.

It is not out of place to mention that, through the “Advocates Welfare Fund of the Bar Council of India for the State of Andhra Pradesh” an amount of Rs.1,52,77,500/- (Rupees One Crore Fifty Two Lakhs Seventy Seven thousands and Five hundred only) was disbursed to the Advocates towards Financial Assistance, during the first wave of COVID, in the year 2020.

Therefore, you are requested to forward the information to all the Advocates of your Bar, to enable them to claim Financial Assistance.

Yours faithfully,

(A.Rami Reddy)

Chairman,

BCI Welfare Fund Committee.

Encl:- Application Form.

**ADVOCATES WELFARE FUND OF THE BAR COUNCIL OF INDIA FOR THE STATE OF
ANDHRA PRADESH**

APPLICATION FOR GRANT OF FINANCIAL ASSISTANCE
UNDER COVID - 19 - FORM - 2

[To be received before 10-07-2021]

To,

The Secretary,
Bar Council of Andhra Pradesh,
Ground Floor, High Court Building,
AMARAVATI – 522 239

Date :

1. Full name of the Advocate :

2. State Roll No. and Date of Enrolment : AP/

3. Membership in the Bar Association :

4. Residential Address :

5. Mobile Number :

6. Treatment under Covid-19

i. If applicant is in quarantine

: * Home quarantine

* Paid quarantine

ii. If admitted in Hospital

: * Government Hospital

* Private Hospital

Application is Recommended

(Name & Signature with Stamp)

Member, Bar Council of A.P.

Signature of the Applicant

OR

President, Bar Association

Encl. Required : 1. Covid Test Report
2. Receipt for paid quarantine
3. Discharge Summary
4. Medical Bills