BAR COUNCIL OF THE STATE OF ANDHRA PRADESH::AMARAVATI

Instructions on Applying for Health Insurance Scheme

How to apply for Bar Council of A.P. Health Insurance Scheme?

- To Apply for Health Insurance Scheme, visit Bar Council website (https://barcouncilap.org).

- You'll be welcomed with Home Page, once the website is accessed. Click on the Bar Council Menu in the top Menu Bar and navigate to '**Health Insurance Scheme**' and click on '**Apply for Health Insurance**' in order to access the online Application.

- You can directly go the Online Application Page by clicking on below link
    https://barcouncilap.org/apply-health -insurance-scheme

- Enter the Enrolment Number in Enrolment No. Column and click on 'Proceed' button to open the Form if Applicant, is eligible for this Scheme.

- Advocates who filed Applications / Declarations under **Certificate of Practice (Verification) Rules, 2015**, are only Eligible for this Scheme and Advocates graduated from Academic year 2009-10 shall be qualified All India Bar Examination to avail this Scheme.

- There will be several columns in the opened Application Form which are mandatory to be filled by the Applicant in order to submit the Application. Check Name, Date of Enrolment, Date of Birth and Age Columns in the opened form. These columns cannot be changed.

- Applicant need to upload following Documents
    1. Bar Association Membership Certificate / ID Card in PDF format.
    2. Aadhar Card of Insured Persons in single pdf file
        (Max file size for each file is 1 MB.)

Detailed instructions on Filling Each Column:

S.NO	FIELD DESCRIPTION	:	EXAMPLE
1	Enrolment Number (Enter Enrolment Number to Fetch the details)	:	AP/2435/2004
2	Advocate Name (Check the Name of Advocate Displayed in the Column)	:	A SITA RAMA RAJU
3	Date of Birth (Check the Date of Birth Displayed in 'DD-MM-YYYY format)		01-07-1984
4	Age (Check the Age Displayed in the Column)	:	36
5	Address (Check the Address Displayed in the Column. Address can be changed if required.)	:	MAPLE – 1234, RAIN TREE PARK, NAMBUR, GUNTUR DT.
6	Mobile Number (Check the Contact Number Displayed in the Column. Contact Number can be changed if required.)	:	999999999
7	Email ID	:	asr.adv@gmail.com

8	Membership in the Bar Association : (Select the Bar Association Name from the list in which Advocate has Membership)	A.P.HIGH COURT
9	Date of Application. (It will display current date and it cannot be changed.)	15-02-2022

Details of Insured Persons (Self, Spouse and Two Dependent Children of age below 25 years).

RELATION	NAME OF THE INSURED PERSON AS PER AADHAR	DATE OF BIRTH (DD-MM-YYYY)	AGE	AADHAR NUMBER
SELF-ADVOCATE	A SITA RAMA RAJU (Enter the Name of the Advocate)	01-07-1987 (Select Date of Birth of Advocate in Calendar)	33 (Age will be displayed automatically)	123412341234 (Enter 12-digit Aadhar Number of the Advocate)
SPOUSE (Select Spouse)	A SUDHA RANI (Enter the Name of the Spouse)	01-07-1988 (Select Date of Birth of Spouse in Calendar)	32 (Age will be displayed automatically)	123412341234 (Enter 12-digit Aadhar Number of the Wife or Husband)
SON/ DAUGHTER (Select Son or Daughter)	A RANGA SWAMY (Enter the Name of the Child)	01-07-2005 (Select Date of Birth of Child in Calendar)	15 (Age will be displayed automatically)	123412341234 (Enter 12-digit Aadhar Number of the Son or Daughter)
SON/ DAUGHTER (Select Son or Daughter)	A RADHA KUMARI (Enter the Name of the Advocate)	01-07-2007 (Select Date of Birth of Advocate in Calendar)	13 (Age will be displayed automatically)	123412341234 (Enter 12-digit Aadhar Number of the Advocate)

NOTE: If Relation column is not selected, insured person will not be added.

Aadhar Card: Upload Aadhar Copies of Insured Persons in single pdf file (Max file size for each file is 1 MB.)

Bar Association Membership Certificate / ID Card in PDF format:
Upload Bar Association Membership Certificate / ID Card in PDF format (Max file size for each file is 1 MB.)

- Read the Declaration carefully and check the box at '**I accept Terms and Conditions'** as Acceptance of Bar Council Terms and Conditions

- Verify all the details filled before submission. Details Submitted cannot be changed.

- Click on '**Submit'** once verified all details.

- The following text will be displayed on successful submission of Application.
  Your Application submitted successfully. Click Here to check details and make payment.

- Details of Application submitted can be checked in the following link by entering Enrolment No.
  https://barcouncilap.org/health-Insurance-scheme/