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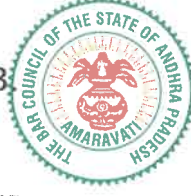
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Email : secapbc@gmail.com

# THE BAR COUNCIL OF THE STATE OF ANDHRA PRADESH

From

Smt. B. Padma Latha, B.Com, LL.B.  
I/c Secretary,  
Bar Council of Andhra Pradesh,  
Ground Floor, High Court Buildings,  
Nelapadu,  
AMARAVATI – 522 239



To

The Presidents of all  
Bar Associations in  
the State

ROC No. 211 / 2023

Dt. 06-07-2023

Sir,

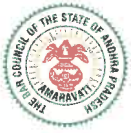
**Sub:-** BAR COUNCIL OF ANDHRA PRADESH - “Group Mediclaim & Group Personal Accident Polices” to the Advocates for the year 2023-24 – Extension of time finally for payment of part premium from 06-07-2023 to 12-07-2023 under III-Slot for coverage w.e.f. 15-07-2023 to 14-06-2024 - Reg.

**Ref:-** 1. This Office letter ROC.No. 188 of 2023 dated 12-05-2023  
2. This Office letter ROC.No. 200 of 2023 dated 15-06-2023

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I am directed to inform that the Special Committee has taken a decision to extend the time finally, for payment of part premium by the Advocates for “Group Mediclaim & Group Personal Accident Policies” for the year 2023-24 from 06-07-2023 to 12-07-2023 under III - Slot. The Coverage for the advocates under III – Slot will be for 11 months and the Policy commence from 15-07-2023. The Policy will expire by 14-06-2024 for all the advocates under three slots.

The Committee further resolved to collect Rs. 2,700/- from the advocates, out of the premium of Rs. 7,976/-, for the Sum Insured of Rs. 2,00,000/- and Rs. 4,250/-, out of the Premium of Rs.9,517/-, for the Sum Insured of Rs. 3,00,000/-, towards their contribution for “Group Mediclaim & Personal Accident Policies” and the balance amount will be contributed equally from the “**Government Grant A/c**” & **Bar Council Account**”



# THE BAR COUNCIL OF THE STATE OF ANDHRA PRADESH

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Therefore, I request you to place the Circular on the Notice Board of the Association for information of the Advocates, to avail the opportunity.



Yours faithfully,

For I/c Secretary, Bar Council.

- To make payment : <https://www.onlinesbi.sbi/sbicollect/icollecthome.htm?corpID=2657766>  
To check the data : <https://barcouncilap.org//health-insurance-scheme/>  
To Submit the data : <https://barcouncilap.org/apply-health-insurance-scheme/>

Note: Any corrections / Additions in the Insurance Data, send mail to [healthinsurance.apbarcouncil@gmail.com](mailto:healthinsurance.apbarcouncil@gmail.com) or letter to Bar Council.

//Copy to//

Members, Bar Council.