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# THE BAR COUNCIL OF THE STATE OF ANDHRA PRADESH

From

B.Padma Latha, B.Com., LL.B.,  
I/c Secretary,  
Bar Council of A.P.,  
Ground Floor,  
A.P. High Court Building,  
Nelapadu, Amaravati – 522 239.



To

The Presidents of all  
Bar Associations in the State.

R.O.C. No. 212 of 2024

Date: 23-07-2024.

Sir,

Sub:- “A.P.Advocates Welfare Fund” – Resolution of the General Body of the “Bar Council of Andhra Pradesh” held on 21-07-2024, to allow the Advocates in the Age Group between 35 to 60 years to become Members of the “A.P.Advocates Welfare Fund” under **One Time Measure** – Reg.

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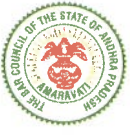
I am directed by the Hon'ble Chairman, Sri Nallari Dwarakanatha Reddy to inform you that the General Body of the Bar Council of Andhra Pradesh in its' meeting held on 21-07-2024 has taken up the request of the Advocates, Bar Associations and the Advocates Federations, to allow the Advocates, who crossed 35 years of Age, to become Members of the A.P.Advocates Welfare Fund.

The Bar Council after considering the issue in detail and by considering the Report of the Sub-Committee, has resolved to allow the Advocates in the Age Group between 36 to 60 years, to become Members of the A.P.Advocates Welfare Fund under **One Time Measure**, who could not become the Members of the Fund earlier and fixed the Fees as follows :

S.No.	Age Group	Amount
1.	36 - 40	30,000 /-
2.	41 - 45	35,000 /-
3.	46 - 50	40,000 /-
4.	51 – 55	45,000/-
5.	56 – 60	55,000/-

Therefore, the Advocates can submit the application along with the Certificate of the Bar Association and Fees through Demand Draft, obtained in favour of “A.P.Advocates Welfare Fund” payable at SBI, A.P.High Court Branch. The Advocates, who filed applications under COP Rules alone, are eligible to submit the applications.

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# THE BAR COUNCIL OF THE STATE OF ANDHRA PRADESH

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Hence, the Advocates, who comes in the Age Group between 36-60 years are informed to utilize the **One Time Measure opportunity** provided by the Bar Council of Andhra Pradesh and submit the applications from 16-08-2024 to 31-10-2024. The Membership of such advocates will come into force with effect from 01-11-2024.

The said circular along with the Application can be viewed on the Website of the Bar Council of Andhra Pradesh [www.barcouncilap.org](http://www.barcouncilap.org).

Further, the modalities if any, proposed by the Bar Council in this regard, will also be circulated and placed in the Website of the Bar Council for information.



Yours faithfully,

*B. Padmalate*  
1/c Secretary, Bar Council

Enclosure :  
Application Form

Copy to :  
Members, Bar Council

FORM NO.3

(See Rule 5)

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

From:

To:

Name and Address of the Advocate :  
(Block Letters)

The Secretary  
A.P.Advocates Welfare Fund Committee,  
Bar Council of Andhra Pradesh,  
High Court Premises,  
Amaravati -522 239.

Mobile No:

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 practice
- f. I am a member of the \_\_\_\_\_ Bar Association,  
which is registered and recognized by the Bar Council of Andhra Pradesh.
- g. I am herewith enclosing a demand draft bearing No.\_\_\_\_\_. dated\_\_\_\_\_   
Branch \_\_\_\_\_ for an amount of Rs. \_\_\_\_\_ /- drawn in favour of  
**"Andhra Pradesh Advocates Welfare Fund"** towards Admission Fees & Life subscription
- h. Whether suffering from any ailment.
- i. I am aged \_\_\_\_ years and my date of birth is \_\_\_\_\_
- 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



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:

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 be filed with the least possible delay.
2. If the member subsequently acquires a family he shall file a fresh declaration and nomination form.

## DECLARATION

I, .....  
S/o, D/o ..... Aged ..... Resident of  
.....  
.....

Enrolled as an advocate on the Rolls of the Bar Council of Andhra Pradesh vide Enrt.No. AP/ /

Dated ..... do hereby solemnly affirm and declare as follows.

1. I have filed application under Certificate & Place of Practice (Verification) Rules, 2015
2. I will not come under Section 15-A of the A.P. Advocates Welfare Fund Act, 1987

Place

Date :

Signature of Advocate

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### Eligibility

1. Advocate should below 60 years of age, at time of filing of Application for Membership
2. Advocate should have filed application under "Certificate & Place of Practice (Verification) Rules, 2015"
3. Section 15-A of the A.P. Advocates Welfare Fund Act :  
A Person retired either from Government or Private Service on superannuation or on voluntarily retirement or under any scheme and practicing as an advocate shall not be admitted to the membership of the Fund.
4. Application should be filed on A4 ledger paper
5. Admission in Welfare Fund is subject to approval by the A.P. Advocates Welfare Fund Committee.

### Enclosures to be filed

1. Certificate from the Bar Association (original), certifying the membership in the Association.
2. Demand Draft alone will be accepted. Demand Draft should be drawn in favour of "A.P. Advocates Welfare Fund" payable at SBI, A.P. High Court Branch.

### Amount Particulars

S.No.	Age Slab	Amount(Rs.)
1.	36 - 40	30,000/-
2.	41 - 45	35,000/-
3.	46 - 50	40,000/-
4.	51 - 55	45,000/-
5.	56 - 60	55,000/-