

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.

Eligibility Criteria :

- i. Advocate should be below 60 years of age at the time of submitting the application.
- ii. Advocate should have filed application under “Certificate & Place of Practice Rules i.e. COP / Declaration.
- iii. Advocate should be on the Rolls as on the date of submission of application for admission as Member of the Welfare Fund.

iv. **Advocate comes under Sec. 15-A is not eligible for Admission**

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.

- v. A Person who Resigned / Dismissed / Removed / Compulsorily retired from Service and later enrolled as an advocate, shall not be eligible for Admission.
- vi. A Person who was convicted of an offence involving moral turpitude and sentenced to imprisonment for more than two years and later enrolled as an advocate, shall not be eligible for Admission.

Enclosures to be filed :

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

Fee 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/-

DECLARATION

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

Enrolled as an advocate on the Rolls of the Bar Council of Andhra Pradesh, vide Enrolment No. AP/ /
dated do hereby solemnly affirm and declare that my application is within the

“Eligibility Criteria”.

Place :
Date :

Signature of Advocate