

]prokt iv8y Anš2anej `avvanøke gjurat Aðvokø vefe fÐ Ak3,ÉÑÑÉ ANvye  
rl3ayrm#3 bñfl3 Sklm h#5 l aw m#vva Aa sa4ebIDe fomRnør- Î nicedxaRe  
ivgto sa4ewrlnemokl l Aapxo.

É. **Aapno vefe nør j `avvo fr+yat Oet4a inyt fomRna>dxRve kol m nør -  
É 4l ÉÈ ma>ivgto dxRvl fr+yat Oe**

Ê. **Arj dareAa sa4ebIDe fomRnør - Î ma>potanupounam, srnamuðð fon  
nør,moba[l nør keAlly spkRnør AvXy j `avvo.**

Ë. **Arj darefomRnør - Î sa4etøn l snd j ma 4yanl j a` krto bar ka]i]lsl  
Aof gjurat na pt/nl nkl bIDvanl rhæe**

Ì. **Arj darAeinyt fomRa>potano taj ðerno fo3ogaf l gavlnepotani shl krline  
pñai` t krvo fr+yat Oe**

]prokt j `avè maihtl inyt fomRnør - Î sa4ej rul tmam ivgto wrl bntl IvraAe  
mokl l Aapxo j em%y#l j Aag5nl kayRahl ha4 2rvama>Aavxej el no2 l øo.



**GUJARAT ADVOCATES' WELFARE FUND ACT, 1991**  
**FORM NO. VI**  
**[See Regulation 8]**  
**APPLICATION FORM FOR VOLUNTARY RETIREMENT**

1. Name and address of Member \_\_\_\_\_  
(Beginning with Surname in \_\_\_\_\_  
CAPITAL letters) \_\_\_\_\_
2. Age of member on the date of \_\_\_\_\_  
the application \_\_\_\_\_
3. Date of admission to the fund \_\_\_\_\_
4. Date and number of enrolment \_\_\_\_\_  
as an Advocate \_\_\_\_\_
5. Whether any benefits or \_\_\_\_\_  
amenities availed of under this \_\_\_\_\_  
Act and regulations? If yes, state \_\_\_\_\_  
details thereof. \_\_\_\_\_
6. Reasons for retirement, \_\_\_\_\_  
certificate in support of \_\_\_\_\_  
the reasons, if any. \_\_\_\_\_
7. Certificate of the Bar Council \_\_\_\_\_  
removal of his name from the Roll \_\_\_\_\_  
of Advocates. \_\_\_\_\_
8. Whether any other notice of \_\_\_\_\_  
retirement given to the \_\_\_\_\_  
Administrative Committee? If \_\_\_\_\_  
Yes, annex copy. \_\_\_\_\_
9. Reasons for delay in giving \_\_\_\_\_  
notice of retirement, if any. \_\_\_\_\_
10. Whether member has deposited \_\_\_\_\_  
his / her Sanad before BCG \_\_\_\_\_  
if so, enclose copy of Resolution. \_\_\_\_\_

I, \_\_\_\_\_ do hereby  
solemnly affirm that the particulars furnished above are true and correct.

Place:

\_\_\_\_\_  
Signature of the applicant

Date:

**N.B. – Please affix photograph duly attested by the applicant**