

- É. dré Aðvakaþe þanl Ar+ inyt Kræa famRma>ivgtaewrlnemakl I
Aapvl fr+yat Oe
- Ê. dré Aðvakaþe Ar+ ma>J` ave rag nūnldan AgenuDak3rnuAsl
ÜAael+nl Ý mðlkl Sa3IRIkø rj Ukrvufr+yat Oe
- Ë. dré Aðvakaþe Ar+ sa4epaþana bar AææS Aæn naewl am` på rj U
Krvæfr+yat Oe
- Ì. dré Aðvakaþe Ar+ sa4esnd Sa3IRIkø nl nkl rj Ukrvl fr+yat Oe
- Í. dré Aðvakaþe bl.sl.Aa[. Ai2inym, ÌË ANvyewrè fa5anl rsld nl
ivgtae nkl rj Ukrvl fr+yat Oe
- Î. dré Aðvakaþe gju rat Aðvakaþe vefe fÐ ANvyeSaWy bNyanl ivgtae
mðr xlp l ðr rj Krvæfr+yat Oe
- Ï. Aa sdwBhkikt ma>4ye ibmarlā AkSmatā Aapæn tøj Any
qcaAæn l ivgtaenlcej ` ave kaë3k mjub tÿar krl j ½rl ibDa` ae
shlt rj Ukrvl fr+yat Oe
- | | | | | |
|---------|---------|-------|-------|--------|
| Anm nør | bll nør | tarlq | ½plya | ivgtae |
|---------|---------|-------|-------|--------|
- Ð. dré Aðvakaþe famRSaa4ebIDe nmba mjub nuSaagdnamu
Krvvfr+yat Oe
- Ñ. dré Aðvakaþe Ar+ma>dxare qcRnel gta Asl ibl aelÜAael+nl Ý rj U
Krvæ fr+yat Oe
- ÉË. dré Aðvakaþe gju rat Aðvakaþe vefe fÐna sWy bnvufr+yat Oe

Application for Financial Aid under BCI Welfare Scheme No. 1

SCHEME FOR GRANTING FINANCIAL TO INDIGENT
PRACTISING ADVOCATES WHEN SUFFERING FROM SERIOUS AILMENT.

1. Full Name of applicant member
(ᄡᄢᄠᄡᄢᄠ ᄡᄢᄠ ᄡᄢᄠ)
2. Residential Address
(ᄢᄢᄠᄠᄠ ᄡᄢᄠ ᄡᄢᄠ)
3. Office or Chamber Address
(ᄡᄢᄠᄠᄠ / ᄡᄢᄠ ᄢᄠᄠ ᄡᄢᄠ ᄡᄢᄠ)
4. Enrolment No. & Date
(ᄡᄢᄠ ᄢᄠᄠᄠᄠᄠ ᄡᄢᄠ ᄢᄠᄠ ᄡᄢᄠᄠᄠᄠ)
5. Receipt No. & Date of payment of contribution and Under Rule – 40
(ᄡᄢᄠ – 40 ᄡᄢᄠ ᄡᄢᄠ ᄡᄢᄠ ᄡᄢᄠ ᄡᄢᄠ ᄡᄢᄠᄠᄠᄠᄠ)
6. Court or Courts in which the applicant is or has been practicing.
(ᄡᄢᄠ ᄡᄢᄠᄠᄠ ᄡᄢᄠᄠᄠ ᄡᄢᄠᄠᄠ ᄡᄢᄠᄠᄠ ᄡᄢᄠᄠᄠ)
7. Reasons for financial aid (See Note (a) and (b) below)
(ᄡᄢᄠ ᄡᄢᄠ ᄡᄢᄠ ᄡᄢᄠᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠᄠ)
8. The nature and extent of Financial aid
(ᄡᄢᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠᄠ)
9. Period for which the aid is required
(ᄡᄢᄠᄠᄠ ᄡᄢᄠᄠᄠ ᄡᄢᄠᄠᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ)
10. The number of members of the family of the applicant and their relations to the applicant.
(ᄡᄢᄠ ᄡᄢᄠ ᄡᄢᄠ ᄡᄢᄠᄠᄠ ᄡᄢᄠᄠᄠ ᄡᄢᄠᄠᄠ ᄡᄢᄠᄠᄠ)
11. Average monthly professional income of the applicant
(ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ)
12. Source of other income and the extent thereof
(ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠᄠ)
13. Income of other members of the family of the applicant
(ᄡᄢᄠ ᄡᄢᄠ ᄡᄢᄠ ᄡᄢᄠᄠᄠ ᄡᄢᄠᄠᄠ ᄡᄢᄠᄠᄠ)
14. Whether the applicant has applied for or received aid previously and if so, when the nature and duration of.
(ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ)
15. Whether the applicant has applied for and / or is or was in receipt of aid from any person, trust or institution and if so, since when and the nature extent and duration of
(ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ)
16. Whether the applicant has any moveable or immovable property, state the particulars thereof, and the value thereof and state particulars of any encumbrances thereon.
(ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ)
17. Whether the applicant has any banking account, if so, state the particulars thereof.
(ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ)
18. Whether the applicant has any cash or Investments state the particulars thereof.
(ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠᄠᄠ ᄡᄢᄠᄠᄠᄠᄠᄠ)

#.20/- sÃmÍ Í é Ó

Úú Ì ä¿ë ÖäÚ »ÓÌ áÓ -ä..... éÑÓ ÖØövÖÖÖâð Ö»äÖâÈ
ÓÚÄäÇ Ì ááí ÈÑò Ì ä Öí½È éÍ Ó ÁÇâÖç Äç »è áÑíÌ è
Èä.....Ì ä ÓíÁ»áÓÇÖÓ
.....ÈÌ äí ä ÖÚâð ÖÖä Í ÁÖ ÚÈä. Äè á½è#..... ¼¿ò
ÉÖÖ Äè ÈÑÁ áâ ¼¿ò Í áí Èè Í ä.Öä.áââ. áâÈäÌ ÒÑ 40 ánÖÖè ÖÚâð ÑâÄè
Èä.....Ì ä ÓíÁ áÓ' »ÖÖ Äè éÍ ÓíkÈ ÁÇâÖÖ ¼¿ò#..... á½èáÑíáè
»íâ ânSÖíÖnÖ »íÌ ä / ánÖ ÖöÉä / »íâ vÖ»äÈ ÈÓÍÈä áâ á½è»íâ Öâð ÑÖÖÖ »èÖâÈÖ Ì Èä
ÄèÚüÈÑò Ì ä Öí½È éÍ Ó ÁäÚÖ »ÖçÄç

éÍ ÓíkÈ ÁÇâÖÖ Ú»ä»È ÑâÖâ ÁÇâvÖâ ÑíÁÍ Öä¿ä ÈÑÁ ¼Öâ ÄèÈÈä ¼íÁç Öí½ÈÌ äÑu»ÖÖç
ÖÁáÍ áÝ ½Ì í ÄèÈÈÍ Ç áÑí ÁäÇâáèÄäáè

áâ Öí½ÈÌ äÑuáÑí Í ä.Öä.áââ. áâÈäÌ ÒÑ 40 ánÖÖèÌ áÓ »áéânÖÖ áíÎ ânÁâÖâ Ì ä ¿âÖÈä
s»áÑ ÑâÈä ÖÚâð ÑÖÖÖâ Ì äÓ »áéânÖÖ áíÎ ½ÁÖâÈ áíÎ äÖ Ñâí ÖÁu»ÖÖâ »ÖÖçÍ ÁÖ Äè