

gjurat Aðvokæ vefe fÐ

mÞorxlp fomRnþr - III AnéV wrva babtñl AgIynl stna

bar ka]iñsl Aof gjuratna rol]pr no2ayèa tmam AðvokæoAegjurat Aðvokæs vefe fÐ Ak3,ÉÑÑÉ ANvyegjurat Aðvokæs vefe fÐma>swy bñvuÉÈÈÈ na sQara4l fr+yat krè OesWy bñva **Aðvokæ trike no2` I mÞvya bad** bar ka]iñsl Aof gjurat ma> no2ayèa bar AøisAøn na swy bñl Aa fomRna>j ½rl tmam ivgto wrl tma>bar AøisAøn(S4aink vkll mÞ5) na hodearnl **shl - rBbr S3M** sa4e kravlnèA4va bar AøisAøn na swy hovanuprma` pt/t4a [N3lmøn l þr/snd s3IRIkè ni nkl sa4e**“gjurat Aðvokæ vefe fÐ mÞorxlp r+S3An fl”na namno ½.ÉÍÈÈ/-(Ake½ipya behj ar pæso pth) no DImaND D7f3 / bÞksRck (peAoDR) “Amdavad” ni xaqa]prno fl pæbar ka]iñsl Aof gjurat ni Aoflsma>wrvano rhæe j evkll o Aa SkImma>swy trikeno2ayè nhl hoy tæo vkll trikena l awo tøj hkko mÞvva pat/rhæenih.j 4l bñtl IvraAesWy trikeno2` I mÞvxo.**

gjurat Aðvokæ vefe fÐ Sally fomRsa4eta.ÈÉ-ÈÑ-ÈÈÈÐ 4l sQarè fomRnþr - Í

Arj dare nomlnøn fomRnþr - Í ni sa4enlcemj bñl ivgto sa4e svaCy A9rewrlnemokl I Aapvl fr+yat Oe:

É. noimnøn fomRna>varsdarna nam, srnama t4a]mæ dxaRvl j rd Oe

Ê. Ak4l v2uvarsdar hoy to tæna namnl sameihSso (3ka) dxaRva j rd Oe

Ë. fomRna>tarlq dxaRvl j rd Oe

Ì. fomRna>sa9l trike beAðvokæ ni shl kravvl t4a tæna nam dxaRva j rd Oe

Í. fomRna>varsdarna taj erna paspo3Rsa[zna fo3og7f I gavlneta pr Arj dare(Aðvokæpotè)potanl shl krlnepñai` t krvo j rd Oe

Î. fomRna> varsdarnl j Nm tarlq (Skú I Ivlg s3IRIkè, j Nm no daql o)Anesrnama (I a[3 ibl ,3Ø ibl ,D7[ivg I aysñs, paspo3R no pravo pñai` t kravlnèAapvo j rd Oe

Ï. fomRna>ko[p` pKarnl Ok0ak n 4vl j o[AeAnej o Ok0ak 4ay to Iya>Arj darepotanl shl krvl fr+yat Oe

]prokt j` avè maihtl inyt fomRnþr - Í ma>j rd tmam ivgto sa4e wrlnèAapvl fr+yat Oej ebñtl IvraAemokl I Aapxo.j em%y4l j Aag5nl kayRahl ha4 2rvama>Aavxej el no2 I øo.



GUJARAT ADVOCATES' WELFARE FUND ACT, 1991

FORM NO. III
(See Regulation 6 (1))

APPLICATION FORM FOR THE MEMBERSHIP OF THE FUND UNDER SECTION
16 OF THE GUJARAT ADVOCATES WELFARE FUND ACT
(ACT No. 14 of 1991)

The Secretary,
Administrative Committee,
Bar Council of Gujarat,
Ahmedabad.

Sub : Application under Section 16

Sir,

I apply to be admitted as Member of the Fund :

1. Name : _____
(Beginning with surname in CAPITAL letters)
2. Father's Name : _____
3. Date of Birth : _____
4. Address : _____

- Tele / Mobile No. : _____
5. Enrolment Number and its date : _____
With the Bar Council
6. Date since practicing as : _____
(A) Pleader : _____
(B) Advocate : _____
in the State of Gujarat
7. Name of the Bar Association : _____
of which the applicant is member
through which applicant Claims _____
benefit under the Act.
(Certificate of recognised Bar
Association be enclosed)

(For Office use only)

Rs.2500/- (Rupees Two Thousand Five Hundred only) / D.D.No. _____ Date _____

Drawn on _____

Receipt No. _____ Date: _____

Signature

- 8. Reason of Suspension, if any : _____

- 9. Whether the applicant was ever
Convicted by a Court of Law for an
offence involving moral turpitude ? : _____

- 10. Whether the applicant was : _____
ever removed from
membership of fund ? _____
If so
When : _____
Why : _____

- 11. Usual Place / Places of practice : _____

- 12. Whether the applicant is in part-full : _____
time service; if yes, give particulars. _____

- 13. Any other details : _____

D E C L A R A T I O N

- (a) I hereby declare that the above particulars are true to my personal knowledge.
- (b) I hereby undertake to abide by the provisions of Act, Regulations and Directions etc. made thereunder;
- (c) I further that if any statement of fact stated in Columns Nos. 5,8,9,10,11 and 12 of this Application is Found to be false at any time,my name shall be liable to be struck off as a member of the Fund and shall also not be entitled to all or any of the benefit under the Act.

Dated :

Signature of the Applicant Advocate

Forwarded by President/Secretary certifying that applicant is a member of Bar Association

President / Vice-President / Secretary
(Signature with rubber stamp)

GUJARAT ADVOCATES' WELFARE FUND ACT, 1991
FORM NO. V
(See Regulation - 7)

NOMINATION FORM

I _____ hereby nominate person / persons mentioned below who is / are member of my family and confer on her / him / them the right to receive to the extent specified below the benefits which may be authorized by the Administrative Committee in the event of my death / cessation of practice or retirement and the right to receive on my death, to the extent specified below any benefit which having become admissible to me on my retirement may remain unpaid at my death.

Name, age and address of Nominee	Proportion of share to be paid to each of them	Relationship of Nominee with the member
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_____ This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.

Dated this _____ day of _____ 200_____

Signature of Applicant Advocate

Signature of Witness No.1 _____

Name of Witness No.1 _____

Signature of Witness No.2 _____

Name of Witness No.2 _____

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N.B.: Please affix photographs duly attested by Applicant advocate and mention address proof as well as birth proof of the nominee / nominees.