



Membership Fee : Rs. 200/-
Annual Subscription Fee : Rs. 50/-
Annual Subscription for Senior Advocate : Rs. 1000/-

FORM – V

[See rule 13 (1)]

Application for admission as a member of the Fund under sub-section (1) or sub-section (2) of section 18

The Secretary,
Trustee Committee,
Delhi Advocates' Welfare Fund
1-F, Lawyers Chambers, High Court of Delhi,
Sher Shah Road, New Delhi – 110 003

**Please affix
recent passport
size
photograph**

Sir,

I apply for admission as a member of the Fund:

1. Name of the applicant (in block letters):
2. Father's / Husband's Name:
3. Age and Date of Birth (attach proof):
4. Address (Residence):
.....Pin.....
.....Pin.....
TelephoneFax.....E-mail
- Address (Office):
.....Pin.....
.....Pin.....
TelephoneFax.....E-mail
5. Date of Enrolment as an Advocate and its Number with the Bar Council (attach copy of Enrolment Certificate)
6. Date since practising as Advocate:
7. Usual place(s) of practice (also give name(s) of the Court/Tribunal/Other Authority):
.....
.....
.....

P.T.O.



BAR COUNCIL OF DELHI

- 8. Name of the Association of Advocates of which the applicant is a member through which the applicant claims benefit under the Act:
9. Whether practice discontinued for any period and reasons therefor:
10. Whether the applicant is in part/full-time service; if yes, give particulars:
11. Name and address of the nominee (s); the amount or share payable to each of the nominees(s):
12. Name, age, occupation and other particulars of dependent (s):
13. Mode of payment of Membership Fee and Annual Subscription:
(a) Challan / Cheque No.....dt.....for Rs. towards Membership Fees.
(b) Challan / Cheque No.....dt.....for Rs. towards Annual Subscription drawn on branch favouring Trustee Committee, Delhi Advocates Welfare Fund payable at Delhi.

DECLARATION

- (a) I hereby declare that the above particulars are true to my, personal knowledge.
(b) I hereby undertake to abide by the provisions of the Act, Rules and directions, etc. made thereunder.
(c) I further declare that if any statement of fact stated in this Application is found to be false at any time, my name shall liable to be struck off as a member of the Fund.

Dated:.....

Signature of the Applicant Advocate

Forwarded with the certificate that the applicant is a member of the Association of Advocates mentioned in column 8 of this Application.

Dated:.....
(Seal of the Association of Advocates)

President/Vice-President/Secretary
of the Association of Advocates