

**APPLICATION FOR FINANCIAL AID TO INDIGENT & DISABLED  
ADVOCATES/THEIR DEPENDENTS/LEGAL HEIRS**



1. Full name of applicant advocate :
2. Residential Address :
  
- Contact No.
3. Office or Chamber Address :  
(If applicant is advocate himself)
4. Date of enrolment and enrolment :  
number of the advocate concerned
5. Court in which the applicant is or had :  
been practicing
6. Reasons for financial aid see notes (a) :  
and (b) below
7. Type & extent of financial aid required :
8. Period for which the aid is required :
9. Number of members of family of :  
applicant and their relations to  
applicant
10. (a) The number of earning members :  
of the family of the applicant and  
their relations to the applicant
- (b) The number of children; their ages :  
& their respective incomes (attach  
salary certificate/ Income Returns  
or any other proof).
- (c) Are you living in a rented :  
accommodation or owned by you?  
(In case of rented  
accommodation, attach lease  
deed and proof of ownership of  
house in question).
- (d) Have you got any relationship with :  
the owner of the house in which  
you are living
11. Average monthly professional income :  
of the applicant

12. Source of other income and the extent :  
thereof.
13. Income of other members of the family :  
of the applicant
14. Whether the applicant has applied for :  
or received aid previously and if so,  
when, state the nature and duration of  
such aid received
15. Whether the applicant has applied for :  
and/or is or was in receipt of aid from  
any other source, if so state the nature,  
extent and duration thereof.
16. Whether the applicant has any movable :  
or immovable property, state the  
particulars thereof and the value  
thereof and state particulars of any  
encumbrances thereon.
17. Whether the applicant has any bank :  
accounts, if so state the particulars  
thereof. State the date/year of opening  
the account
18. Whether applicant has any cash or :  
investments state particulars thereof
19. Whether advocate concerned is / was :  
insured (LIC or mediclaim), if so, state  
the particulars of the insurance policy.
20. Whether the applicant is prepared to :  
give any Security or guarantee, if so,  
state the particulars thereof.
21. Whether the advocate concerned has :  
been held guilty of professional  
misconduct at any time by any Bar  
Council or High Court and if so, state  
the particulars thereof.
22. Whether any complaint of misconduct :  
is pending against the applicant, if so,  
state the particulars thereof.
23. Whether the applicant has been :  
convicted in a Criminal Court, involving  
moral turpitude, if so, state the  
particulars thereof.
24. Whether the applicant has any money :  
decree against him or her in his/her  
favour, if so, state the particulars  
thereof.
25. Accounts details a) Account No. :  
b) IFSC Code  
c) Bank name/Branch

**ANNEXURES REQUIRED TO BE FILLED WITH APPLICATION:**

1. (a) Two passport size photographs of the applicant  
(b) Two passport size photographs of the deceased advocate in case the applicant is a widow
2. Attested photocopy of the Aadhar Card
3. Documentary evidence of the House in which you are living.
4. Salary Certificates / other income proofs of your spouse / daughters / daughter-in-laws.
5. Photocopy of the bank pass book, particularly in which you have received from the Bar Council (applicable for those who are already receiving).
6. Undertaking (in the form of an affidavit) to the Bar Council of Delhi to the following effect:
  - (i) In case information furnished by me is found wrong, I shall be liable to return the amount received from the Bar Council of Delhi in the shape of financial aid.
  - (ii) The particulars furnished and the statements made hereinabove are true to the best of my knowledge, information and belief.
  - (iii) I agree and undertake to inform the Bar Council of any change of circumstances of conditions during the period of the aid.
  - (iv) I agree and undertake to supply to the Council any particulars and information in connection with this application or the aid as may be required from time to time by the Council or the Committee or the Secretary of the Council.
7. Cancelled cheque

**This      day of    20    Signature of the applicant**

- Note:
- (a) In case of disability, a medical certificate to the satisfaction of the Committee shall be furnished.
  - (b) In case of Indigency, two certificates by advocates of not less than 15 years standing, certifying of their own knowledge the indigent circumstance of the applicant shall be furnished. Certifying advocate must not be related to the applicant.
  - (c) In the event of the applicant being unable to sign the application may be signed by any other Advocate or the audit member of the family of the applicant.
  - (d) In case your application is being considered the same would be only for a period of maximum one year, and you would be required to apply again, if desirous of extension.