

Form No. III
See Section 15 and Rule 4 (1)
APPLICATION FOR ADMISSION TO THE WELFARE FUND

- 1. Name and address :
(in Block Letters)**

- 2. Age and date of birth :
of applicant**

- 3. Date of enrolment under :
the Advocates' Act, 1961**

- 4. Details of practice*¹ :**

- 5. Number of *Vakalaths* filed :
for the last five years
(Approximately)**

- 6. Place or places of practice :**

- 7. Suspension or discontinuance :
of practice if any, with details
of suspension and resumption.**

- 8. Name and address of the nominee :
or nominees with the proportion of
share to be paid to each.**

- 9. Amount and date of payment :
to the Fund under Section 15(3)
(DD/counterfoil to be attached)**

- 10. Admission fee how paid :**

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

Place :

Date :

Signature of the Applicant.

(Seal) Attested by

President

Secretary

¹ *In case the applicant has practiced in more than one Court centre, certificate from the President or Secretary of each Bar Association has to be furnished.

THE KERALA ADVOCATES' WELFARE FUND TRUSTEE COMMITTEE
PROFORMA

1. Name and address of the :
applicant (In block letters)

2. Date of enrolment of the :
applicant

3. Name of the Bar Association of :
which applicant is a member

4. Date on which the applicant was :
admitted to the Bar Association.

5. Approximate number of *vakalaths* :
filed, giving number of at least five
cases spread over the whole period.

6. Reasons if any, for the delay in filing :
Application for membership to the
welfare fund.

7. State whether the applicant has made :
any previous application for admission
to the membership of the fund. If so,
give the details regarding the same.

8. State whether the applicant was :
employed or engaged in any
profession, trade or calling till date.
If so, give details regarding the
period of service, eligibility and
receipt of retirement benefits by the
applicant from such employment or
engagement.

DECLARATION

I do hereby declare that the particulars furnished are true and correct. (I further declare that I am not availing and I have not availed of any kind of retirement benefits from Government, public or private sector undertakings on account of employment before my enrolment as an advocate).

Signature of the applicant.

Certified that the details shown in column number 5 (five) are correct as per court records.

(Signature of the Presiding Officer of the Court
where the applicant practices)

(Seal)