

# **Bar Council of Maharashtra & Goa**

2<sup>nd</sup> Floor, High Court Extension, Fort, Mumbai-400 032.

Tel-(022)-2265 6567

## **Advocate Aid Fund Form**

### **IMPORTANT INSTRUCTIONS**

1. This Advocates Aid Fund Scheme is meant for Practising Advocates only.
2. Only those Advocates dependent can apply for this Scheme who is Dead.
3. Applications from family or dependent members will be entertained.
4. This Advocates Aid Fund Scheme will give only in Death of Advocate & assistance for Medical Aid (Bypass Surgery & Cancer) and not for any other purpose.
5. This Scheme shall be applicable / available for two years from the date of death of Advocate.
6. The address for correspondence must be correct and precise. Advocates having more than one address should mention all the addresses.
7. Mention telephone number, if any.

### **Documents to be attached as follows:-**

1. The claim application should be submitted.
2. Recommendation of The Bar Association of which the applicant is a member, in the form of Resolution of the Managing Committee of the said Bar Association.
3. Copy of Aadhar Card / Election Card / of the applicant for ID Proof.
4. Sanad or Identity card of Deceased Advocate.
5. Death Certificate duly attested.
6. Page no. 11 of the application, form should be submitted under seal \* signatures of office Bearers of Bar Association.
7. Affidavit of claimant on Rs. 100/- stamp.
8. Xerox copy of receipt, amount paid to rule 40.(Subscription).

# *Bar Council of Maharashtra & Goa*

## SCHEDULE- A

### APPLICATION FOR AID TO INDIGENT AND DISABLED ADVOCATE

(Rule 3 of Advocate Aid Fund Rules 2005)

1. Full name of applicant  
In Capital letters. \_\_\_\_\_
2. Residential address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Name of the Advocate (In capital letters  
and beginning with surname) \_\_\_\_\_  
\_\_\_\_\_
4. Date of Enrolment & registration Number of  
Advocate concerned. \_\_\_\_\_  
\_\_\_\_\_
5. Name of the Bar Association with  
Registration Number and date. \_\_\_\_\_
6. Place of Courts in which the applicant is or  
has been practicing. \_\_\_\_\_  
\_\_\_\_\_
7. Reasons for financial aid : (See notes  
(a) & (b) below) \_\_\_\_\_  
\_\_\_\_\_
8. The nature and extent of financial aid  
expected from fund. \_\_\_\_\_  
\_\_\_\_\_
9. In case of death of Advocate, the place  
and date of death. \_\_\_\_\_  
\_\_\_\_\_
10. Period for which the aid is required. \_\_\_\_\_
11. The names and particulars of members of  
the family and their relations to the  
applicant/advocate. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Average monthly professional income of the applicant (in Rs.).

---

---

---

13. Source of other income of applicant/advocate and the extent thereof and monthly income therefrom in Rupees.

---

---

14. Income of other members of the family of the applicant in Rupees.

---

---

15. Whether the applicant has applied for or received aid previously and if so, time, amount, nature and duration of such aid received ?.

---

---

16. Whether the applicant has applied for and/or is or was in receipt of aid from any other person, trust or institution and if so, since when ?. State the nature, extent and duration thereof.

---

---

---

---

17. Whether the applicant Advocate is member of the Fund under the provision of Maharashtra Advocate Welfare Fund Act ?.

---

---

---

18. Whether the applicant advocate is member of the scheme under Rule 40 of Bar Council of India Rules?.

---

19. Whether the applicant has any movable or immovable property? If yes, state the particulars thereof and the value thereof and state particulars of any encumbrances thereon.

---

---

---

---

20. Whether the applicant has any bank account, if so, state the particulars thereof.

---

---

21. Whether the applicant has any cash or investments? If yes, state the particulars thereof.

---

---

22. Whether the applicant is insured, if so, state the particulars of the insurance policy and whether premium is regularly paid or not.

---

---

23. Whether the applicant is prepared to give any Security or guarantee, if so, state the particulars thereof.

---

---

24. Whether the applicant has been held guilty of professional misconduct at any time by any Bar Council or High Court and if so, state the particulars thereof.

---

---

25. Whether any complaint of misconduct is pending against the applicant, if so, state the particulars thereof.

---

---

26. Whether the applicant has been convicted in a Criminal Court involving moral turpitude, if so, state the particulars thereof.

---

---

27. Whether the applicant has any money decree against him or her in his/her favour, if so, state the particulars thereof.

---

---

(i) The particulars furnished and the statements made hereinabove are true to the best of my knowledge, information and belief.

(ii) I agree and undertake to inform the Bar Council of any change of circumstances or conditions during the period of the aid.

(iii) I agree and undertake to supply to the Council any particulars and information in connection with this application as may be required from time to time by the Council or the Committee or the Secretary of the Council.

This            day of            2005.

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 the indigency, additional certificate by Advocates of not less than 15 years of standing certifying of their own knowledge the indigent circumstances of the applicant shall be furnished and none of the said Certifying advocates must be related to the applicant or be members of Council.
- (c) In the event of the applicant being unable to sign the application, it may be signed by any other Advocate or the adult member of the family of the applicant and signature of such member or advocate must be attested by The President of concerned Bar Association.
- (d) The certificate here-below must be furnished along with this application.

## CERTIFICATE

(This form is to be filled and typed and executed as an affidavit before a Notary or competent Magistrate.)

We (1) Shri \_\_\_\_\_ age \_\_\_\_\_,  
Advocate, the President, (2) Shri \_\_\_\_\_ age \_\_\_\_\_,  
Advocate, the Secretary, both of Bar Association of \_\_\_\_\_ do hereby certify  
that we have personally verified the contents of the above application and we have found  
that all the contents and statements made above are fully true and correct to the best of our  
personal knowledge and we further certify that the Applicant is the Member of the family of  
the advocates as above and deserves to be given financial assistance from the Advocates  
Aid Fund constituted by the Bar Council of Maharashtra and Goa.

Date : \_\_\_\_\_

1. President

2. Secretary

---

These rules are approved by the Bar Council of India at its meeting dated 17<sup>th</sup> & 18<sup>th</sup> April, 2005.

Date : \_\_\_\_\_

SECRETARY

Bar Council of Maharashtra & Goa

**AFFIDAVIT**

**(PROFORMA ON RS. 100 STAMP PAPER)**

**BEFORE THE SPECIAL EXECUTIVE MAGISTRATE -----**

Herein, I Shri/Smt. ....  
----- Age---- years, Occupation ----- R/o. -----  
----- do hereby state on solemn affirmation that,

That, I am residing at about stated address with my family. My husband Mr. ....  
----- died on .....----- at City ..... -----  
----My husband was an advocate and he was practicing as a lawyer since  
..... . My husband was as a member of Bar Council of Maharashtra  
and Goa. That, my husband was also member of The ..... -----  
--Bar Association, ..... -----

After the death of my husband we following are the legal heirs to my deceased husband.

Sr.No.	Name	Age	Relationship
1			
2			
3			
4			

That, I had applied to the Bar Council of Maharashtra and Goa for financial aid due to the death of my husband and I request the Hon'ble Chairman and other members of the Bar Council of Maharashtra and Goa to issue me financial aid in my name for myself and on behalf of my children's. Therefore, I am executing this affidavit.

That, the above contents are read over to me and explained to me, which are true and correct to the best of my knowledge and belief.

This affidavit dated -----

Witness

Smt.

(Deponent)