

FORM NO.: III
SEE SECTION 16 & RULE 4(1)
APPLICATION FOR ADMISSION TO THE WELFARE FUND TRUSTEE COMMITTEE

1. Name & Address (In Block Letters):.....
2. Age & Date of Birth of Applicant:.....
3. Date of Enrolment under the Advocate Act. 1961:.....
4. Details of Practice:.....
5. Place of Practice:.....
6. Suspension of discontinuance of Practice, if any with details of Suspension & Resumption:.....
7. Name & Address of the Nominee or Nominees with the proportion of share to be paid to each:.....
8. Amount & Date of the payment to the Fund under section 16(3), receipt to be attached:.....
9. Admission Fee how paid:.....

I do solemnly affirm that the particulars furnished above are true & correct

Place :

Signature of the Applicant

Date:.....

Date:.....

Attested by

President

Secretary

Enclosure:-

1. I am enclosing a bank Draft of Rs. in favour of " **Jharkhand Advocates Welfare Fund Trustee Committee** " Payable at " **Ranchi** "
2. Photocopy of the Enrollment Certificate.