

**THE BAR COUNCIL OF INDIA WELFARE FUND FOR THE STATE OF  
KERALA**

APPLICATION FOR GRANTING FINANCIAL ASSISTANCE TO  
LAWYERS/FAMILY OF DECEASED LAWYERS

1. Name and Address
  
2. Age and Date of Birth of the Member
  
3. Date of Enrolment & Enrolment
  
4. Details of Practice
  
- 5 Place of Practice
  
6. Completed years of practice  
[Excluding the period of suspension/  
Removal and cessation of practice ]
  
7. Date of Death /Retirement
  
8. Relationship of applicant with the deceased lawyer
  
- 9.Details of Members of family of deceased lawyer

Place :

Date :

Signature of the Applicant