

THE BAR COUNCIL OF INDIA ADVOCATES WELFARE FUND COMMITTEE FOR THE STATE

RULES FOR GRANTING FINANCIAL ASSISTANCE TO ADVOCATES TOWARDS MEDICAL AID

1. These rules shall be known as the Bar Council of India Advocates Welfare Fund Rules for grant to financial assistance towards medical aid to the lawyers enrolled before the Bar Council of Kerala .

2. Definitions

- a) "Bar Council" means Bar Council of India.
- b) "State Bar Council" means Bar Council of Kerala.
- c) "Committee" means Bar Council of India Advocate Welfare Fund Committee for the State.
- d) "Secretary" means Secretary of the Committee
- e) "Advocate" means Advocate enrolled before the Bar Council of Kerala and a live member of Bar Council of India Advocates Welfare Fund Committee for the State
- f) "Fund" means fund constituted under the Bar Council of India Advocates Welfare Fund Rules
- g) "Medical Aid" means financial assistance to a practicing lawyer towards medical treatment after satisfying about the genuineness of the claim
- h) "Form" means the form prescribed this scheme

3. An Advocate may be allowed from the fund

- a) In case of hospitalization involving a major surgical operation; or suffering from Cancer, Heart Disease, Paralysis, Liver cirrhosis or from such other major diseases.
- b) The medical grant shall be allowed only after the Bar Council of India Advocates Welfare Fund Committee for the state satisfied about the genuineness of the claim after examining the medical certificate and medical bills produced
- c) The grant so allowed shall not exceed Rs.20,000/- (Twenty thousand only) as per the slab schedule here under for any one of the disease specified above under clause(1). Any amount due to the fund if any will be deducted from the amount which is payable.

Slab Schedule

- a) Medical aid for expenditure up to Rs.25,000/- - Rs.5,000/- or actual expenses
whichever is less
- b) ,, ,, ,, above Rs.25000/- and below Rs.50,000/- Rs.10,000/-
- c) ,, ,, ,, above Rs.50,000/- and below Rs.1,00,000/- Rs.15,000/-
- d) Medical aid for Expenditure above Rs.1,00,000/- - Rs.20,000/-

- 4) Total claim shall not exceed the benefits under this scheme, benefits from Bar Council of India ,as per Rule 44(b) and benefits from Kerala Advocates Welfare Fund Trustee Committee.
- 5) The medical benefit under these rules shall be extended to women Advocates for their maternity expenses for her one delivery alone. The maximum amount payable shall be limited to Rs.7,500/-
- 6) Application for medical aid under these rules shall be submitted in the prescribed form, which will be available on payment of Rs.100/- from the Bar Council office, Ernakulam. The application fee shall be remitted either in Account No.4605 of Union Bank of India, Marine Drive Branch, Ernakulam or Account No.5982 of Dhanalakshmi Bank, Bar Council Branch, Ernakulam or by way of DD in favour Bar Council of India Advocates Welfare Fund committee for the State , payable at Ernakulam.
- 7) The applicant shall furnish before the Bar Council of India Advocate Welfare Fund Committee for the State the details of the disease and the treatment history with original medical bills and medical certificate from the doctor under whom he/she had undergone the treatment along with the application.
- 8) Only those Advocates who are on the rolls of the State Bar Council and are members of the Bar Council of India Advocates Welfare Fund Committee for the state on the date of application without any dues to the fund will be eligible to get financial assistance.
- 9) Every application for medical aid shall be recommended by the Member of the Bar Council of Kerala and Bar Association where the applicant is a member
- 10) A member, who has received the medical aid once, will not ordinarily be eligible for the medical aid again, but eligible only after Three years from the date of receipt of the claim
- 11) The grant of financial aid is subject to availability of amount in the fund and is within the discretion of the committee. No one has a right to enforce any claim under these Rules. The decision of the Committee shall be final.
- 12)The Bar Council of India Advocates Welfare Fund Committee for the state shall have every right to realize the amount granted if it is found that the claim applied is false
- 13) The applicant has to produce a declaration stating the applicant has not availed medical aid from the Kerala Advocates Welfare Fund Trustee Committee.
- 14) These Rules shall be in force w.e.f. the date of approval of the rules by the Bar Council of India

THE BAR COUNCIL OF INDIA ADVOCATES WELFARE FUND COMMITTEE FOR THE STATE

Application for granting Financial Assistance to Women Advocates towards Maternity Benefit

1. Name of the Member :
2. Address & Telephone Number of the Member :
3. Age & Date of Birth :
4. Enrolment No. & Date of Enrolment :
5. Place of Practice :
6. Completed years of practice (excluding period of suspension, removal and cessation of practice) :
7. Whether any Medical aid received from the Bar Council of India or Kerala Advocates Welfare Fund Trustee Committee? If so please state the details :
8. Name & Address of the Hospital :
9. Total expenditure incurred :

Declaration

I do hereby declare that the foregoing statements are made by myself and are true in all respects and that I have not attempted to conceal from the committee anything with which it ought to be made acquainted and I agree that if I have made or any further declaration the committee may require shall made any false or fraudulent statement or any suppression concealment or untrue averment whatever the claim shall be void and my right to claim forfeited, and I am willing, if required, to make a statutory declaration before a justice of the peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

Place:

Date:

Signature of the Applicant

Recommended by:

1. Member Bar Council of Kerala :
2. President/Secretary of Bar Association :

THE BAR COUNCIL OF INDIA ADVOCATES WELFARE FUND COMMITTEE FOR THE STATE

Application for granting Financial Assistance to Advocates towards Medical Aid

1. Name of the Member :

2. Address & Telephone Number of the Member :

3. Age & Date of Birth :

4. Enrolment No. & Date of Enrolment :

5. Place of Practice :

6. Completed years of practice (excluding period of suspension, removal and cessation of practice) :

7. Whether any Medical aid received from the Bar Council of India or Kerala Advocates Welfare Fund Trustee Committee? If so please state the details :

8. Name & Address of the Hospital :

9. Total expenditure incurred :

Declaration

I do hereby declare that the foregoing statements are made by myself and are true in all respects and that I have not attempted to conceal from the committee anything with which it ought to be made acquainted and I agree that if I have made or any further declaration the committee may require shall made any false or fraudulent statement or any suppression concealment or untrue averment whatever the claim shall be void and my right to claim forfeited, and I am willing, if required, to make a statutory declaration before a justice of the peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

Place:

Date:

Signature of the Applicant

Recommended by:

1. Member Bar Council of Kerala :

2. President/Secretary of Bar Association :

THE BAR COUNCIL OF INDIA ADVOCATES WELFARE FUND COMMITTEE FOR THE STATE

RULES FOR GRANTING ACCIDENTAL DEATH BENEFIT TO FAMILY OF DECEASED LAWYERS

1. These rules shall be known as the Bar Council of India Advocates Welfare Fund Rules for granting accidental death benefit to the lawyers enrolled before the Bar Council of Kerala.
2. Definitions;
 - i) “Bar Council” means Bar Council of India.
 - j) “State Bar Council” means Bar Council of Kerala.
 - k) “Committee” means Bar Council of India Advocate Welfare Fund Committee for the State.
 - l) “Secretary” means Secretary of the Committee
 - m) “Advocate” means Advocate enrolled before the Bar Council of Kerala and a live member of Bar Council of India Advocates Welfare Fund Committee for the State
 - n) “Fund” means fund constituted under the Bar Council of India Advocates Welfare Fund Rules
 - o) “Accidental Death” means death occurred by motor accident
 - p) “Form” means the form prescribed this scheme
3. The family of a lawyer who dies in an motor accident will be entitled to get the sum of Rs.50,000/-(Fifty thousand only) from the fund.
4. The amount will be paid to a member of the family of the deceased lawyer in the following order
 - i. Wife
 - ii. Children
 - iii. Aged parents/dependent of the deceased
5. Application for accidental death benefit under these rules shall be submitted in the prescribed form, which will be available on payment of Rs.100/- from the Bar Council office, Ernakulam. The application fee shall be remitted either in Account No.4605 of Union Bank of India, Marine Drive Branch, Ernakulam or Account No.5982 of Dhanalakshmi Bank, Bar Council Branch, Ernakulam or by way of DD in favour Bar Council of India Advocates Welfare Fund committee for the State , payable at Ernakulam
6. In case of accidental death covers under this scheme, the following documents have to

be submitted along with the application form

- i. F.I.R (if any)
- ii. Postmortem report
- iii. Relationship certificate
- iv. Resolution of respective Bar Association regarding membership of the deceased lawyer

7. The Committee shall not be liable under this scheme for payment of benefit in respect of death of the lawyer;

- i. from internal self injury, suicide or attempted suicide
- ii. while engaging in aviation or ballooning whilst mounting into/dismounting from or traveling in any balloon or aircraft other than as a passenger in any duly licensed aircraft anywhere in the world;
- iii. caused by venereal disease, aids, insanity;
- iv. due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy;
- v. under the influence of alcohol and drugs directly or indirectly caused or contributed to or arising from poisoning radiation or contamination of allied nuclear perils/nuclear weapons material;
- vi. under this scheme shall not extend to cover death resulting directly or indirectly caused or contributed to aggravated or prolonged by child birth or from pregnancy or inconsequence thereof.

8) Only those Advocates who are on the rolls of the State Bar Council and are members of the Bar Council of India Advocates Welfare Fund Committee for the state , on the date of application without any dues to the fund will be eligible to get financial assistance.

9) The grant of financial aid is subject to availability of amount in the fund and is within the discretion of the committee. No one has a right to enforce any claim under these Rules. The decision of the Committee shall be final.

10) These Rules shall be in force w.e.f. the date of approval of the rules by the Bar Council of India.

THE BAR COUNCIL OF INDIA ADVOCATES WELFARE FUND COMMITTEE FOR THE STATE

**Application for granting Financial Assistance to family of deceased lawyer
in case of Accidental death**

1. Name & Address of the applicant :
(with Pin Code)

2. Telephone Number of the Applicant :

3. Name of the Member :

4. Age & Date of Birth of the Member :

5. Enrolment No. & Date of Enrolment :

6. Place of Practice :

7. Date of Accident :

8. Date of death :

9. Relationship of the Applicant with the deceased lawyer:

10. Details of membership of family of deceased lawyer :

Place:

Date:

Signature of the Applicant