

APPENDIX – A

THE BAR COUNCIL OF KERALA

Application for granting financial assistance to Advocates under Kerala
Bar Council Chairman's Relief Fund Rules, 2013.

- 1.Name of the Member/Applicant :
(If the applicant is not a member
Specify the Relationship to the member)
- 2.Address with Pin code :
- 3.Telephone Number :
- 4.(a)Age and Date of Birth :

(b)Fiscal assessment of the Advocate
(As per the form attached)
- 5.Enrolment No. & Date of Enrolment :
- 6.Place of practice :
- 7.Whether any Medical aid received from
Bar Council of India or Kerala Advocates'
Welfare Fund Trustee Committee? If so
Specify the details :
- 8.Nature of disease (Treatment details and
Medical Bills has to attached) :
- 9.Estimated expenditure for treatment :
- 10.Name and Address of the Hospital :
- 11.Annual Income of the member :

DECLARATION

I do hereby declare that the forgoing statements are made myself and are true in all respects and I have not attempted to conceal from the Council anything with which it ought to be made acquainted and I agree that if I have made or any further declaration the Council may require shall made any false or fraudulent statement or any suppression concealment or untrue averment whatever the claim shall be void any 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 forgoing statement or any other statement I may make in connection with this claim.

Place:

Date:

Signature of the Applicant

Encl: Fiscal Assessment Form duly filled

Recommended by:

1.Member, Bar Council of Kerala with detailed report

(Report to be attached)

2.Recommendation of the Bar Association

PERSONAL FISCAL ASSESSMENT FORM

(To be filled by the applicant along with the application, duly verified)

1 Name : _____

2 Dependent Members in family : _____

3 Average Annual Income in Rupees : _____

Below 3 lakhs
 Between 3 to 6 lakhs
 Above 6 lakhs

4 Residential House : _____

Own/Spouses
 Shared with family
 Rented
 Sq. Ft.

5 Own and spouse's Landed Property (in cents) : _____ Cents of wet land/dry land

6 Undivided share in family property (in cents) : _____

7 Personal Vehicle and year of make _____ of make _____ and _____ :

How many number of vehicles owned

One	Two	Three
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Four wheeler
 Two wheeler
 None
 How many

8 Fixed Deposits - Own/Spouse/Children : Rs. _____ Lakhs

9 Gold Ornaments - Own/Spouse/Children : Rs. _____ Sovereigns

10 Do you own:

Fridge	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	How many nos.
Washing Machine	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	
Lap Top/Note Book	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	
3G Cell Phone	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	
Medical Insurance	<input type="checkbox"/>	yes	<input type="checkbox"/>	No	<input type="text"/>	

11 Do you own Office & No. of Juniors _____ : _____

_____ Sq. Ft.

12 Financial Liability, if any, in Rupees _____ :

Housing Loan _____ :

Vehicle Loan _____ :

Educational Loan _____ :

Personal Loan _____ :

Decree Debt _____ :

13 How many Staff Members and Juniors are _____ :

in your Office _____ :

All the facts stated above are true

Date: _____

Signature _____

I have verified the above said Fiscal Assessment and the same is true to the best of my personal knowledge.

Date: _____

President (Affix Seal)

Name of Bar Assn: _____

Bar Association

