

**APPLICATION FOR ADMISSION TO THE WELFARE FUND**

1. Name and address  
(in Block Letters) :
2. Age and date of birth  
of applicant :
3. Date of enrolment under  
the Advocates' Act, 1961 :
4. Details of practice\* :
5. Number of Vakalaths filed  
for the last five years  
(Approximately) :
6. Place or places of Practice :
7. Suspension or discontinuance  
of practice if any, with details of  
suspension and resumption. :
8. Name and address of the nominee  
or nominees with the proportion of  
share to be paid to each. :
9. Amount and date of payment  
to the Fund under section 15(3)  
(Receipt to be attached) :
10. Admission fee how paid :

I .....do hereby solemnly affirm that the particulars furnished above are true and correct.

Place :

Date :

Signature of the Applicant

(Seal)

Attested by

President

Secretary

\*In case the applicant has practised in more than one Court centre, certificate from the President or Secretary of each Bar Association has to be furnished.

THE KERALA ADVOCATES' WELFARE FUND TRUSTEE COMMITTEE  
PROFORMA

1. Name and address of the Applicant (In Block Letters) :
2. Date of enrolment of the Applicant :
3. Name of the Bar Association of Which applicant is a member :
4. Date on which the applicant was Admitted to the Bar Association :
5. Approximate number of vakalaths Filed, giving numbers of atleast five Cases spread over the whole period :
6. Reasons if any, for the delay in filing Application for membership to the welfare fund. :
7. State whether the applicant has made any previous application for admission to the membership of the fund. If so, give the details regarding the same. :
8. State whether the applicant was Employed or engaged in any profession, trade or calling till date. If so, give details regarding the Period of service, eligibility and Receipt of retirement benefits by the Applicant from such employment or engagement. :

DECLARATION

I .....do hereby declare that the particulars furnished are true and correct. \*\* (I further declare that I am not availing and I have not availed of any kind of retirement benefits from Govt., public or private sector undertakings on account of employment before my enrolment as an advocate).

Signature of the applicant.

Certified that the details shown in column number 5 (five) are correct as per court records.

(Signature of the Presiding Officer of the Court  
where the applicant practices)

(SEAL)