

**ANNEXURE – I****( PARTICULARS OF DECEASED ADVOCATE )**

1. Name :
2. Father's Name :
3. Date of Birth and Age :
4. Member of Bar Association and if so, name :
5. Place of Practice and actively practicing or not :
6. Permanent Address :
7. Date of Death (Attach copy of the Death Certificate) :
8. Date of payment to the AWF Scheme and amount paid. :
9. Yearwise income of last three years :
10. Dependents and their particulars :

	Relationship	Name
(a). father		
(b). mother		
(c). wife		
(d). sons		

- (i)
- (ii)
- (iii)

11. Married Daughters :

- (i).
- (ii).
- (iii).

- (a) Unmarried Daughters :

- (i).
- (ii).
- (iii).

- (e) Other dependents, if any, details to be given :

- (i)
- (ii)

12. Reasons for immediate financial assistance :

Address of )  
Applicants }

Signature of ) 1.  
Applicants ) 2.  
                  ) 3.

ANNEXURE – II

AFFIDAVIT GIVEN BY.....and  
I/We.....

Wife/Son/Daughter/Mother/Father.....  
Hindu/Christian/Muslim, aged about.....  
Years, do hereby solemnly affirm and state as follows :

1. I/We.....am/are the  
Wife/Son/Daughter/Mother/Father of deceased Advocate.
2. I/We/are the dependents of the deceased advocate and there is no other legal heir  
dependent other than ourselves.
3. I/We.....am/are employed  
as.....or doing business.....
4. I/We have means/no means of income.
5. I/am/arc/entitled to get the benefits under the Advocate Welfare Scheme.
6. We hereby request the Advocates' Welfare Fund Committee to pay the Advocates  
Welfare Fund amount, if sanctioned, to Shri/Smt./Miss.....  
one of us who is authorized to receive the said amount for and on our behalf.

- 1)
- 2)
- 3)
- 4)

Solemnly affirmed and  
signed before me at  
on

Deponents

To be attested by the Notary Public or any Munsiff or Judicial Magistrate of the 1st Class  
or President of the concerned Bar Association.

ANNEXURE-III

( On Rs. 35.50 Non-Judicial Stamp Paper )

The deed of indemnity cum authorization bond executed this.....day of.....by 1.  
.....2.....3.....  
Wife/Son/Daughter /Father of the deceased Advocate  
Shri....., residing  
at.....

Hereinafter called, the applicants in favour of the Bar Council of India Advocates' Welfare Committee for Rajasthan hereinafter called the Committee having its Office at the Office of the Bar Council of Rajasthan, High Court Compound, Jodhpur.

Whereas the above said applicants have applied for the financial assistance from the said Committee which has to consider the claim of the Applicants and pass, after enquiry, necessary orders granting financial assistance.

Whereas it may become necessary to file the indemnity cum authorization bond required under the rules.

The Applicants has/have executed this indemnity cum authorization bond in favour of the Committee agreeing to indemnify the payment made for and such financial assistance to the applicant by the Committee in the event of the amount so paid has been obtained by the applicant by fraud, misrepresentation, false claim and further agreeing that the applicant shall be liable for all the consequences out of such fraud, misrepresentation and false claim.

The applicants hereinabove also and authorized Shri/Smt.....one of them as their agent to collect the amount from the Advocates Welfare Fund Committee on their behalf.

In witness whereof the applicants have set their hand signatures on.

Witness :

- 1. 1)
- 2. 2)
- 3) Applicants

ANNEXURE-IV

This is to certify that averment in Annexure I given by the family Members of the deceased Advocate Shri.....are true to the best of my knowledge, belief and information.

Date :  
Seal :

President  
Bar Association