

# RAJASTHAN ADVOCATES WELFARE FUND

To,  
The Secretary,  
Rajasthan Advocates Welfare Fund Committee,  
C/o Bar Council of Rajasthan,  
High Court Building,  
JODHPUR

Please  
affix your  
latest  
passport  
size photo

Sub: **Application for grant of ex-gratia**

Sir,

In above reference I am submitting herewith this application with all necessary informations required alongwith original bills and medical papers for the purpose of disbursement of ex-gratia to me.

1. Name of Applicant :
2. Address :  
Phone No. ....  
Mobile No. ....
3. Place of Practice :  
Enrolment No. :
4. No of years of membership :  
to R.A.W.F.
5. Whether all payments of :  
RAWF have been made or  
Not (if due, same should  
be enclosed with the  
application)
6. Whether your name has :  
been struck off from the  
roll of RAWF, if yes,  
when
7. Whether your membership :  
to RAWF is revived or not,  
if yes, when? Submit proof  
thereof.
8. When the disease :  
or accident first reported
9. Brief of disease/ disability :
10. Place of treatment and :  
name of attending Doctor
11. Date of discharge from :  
Hospital
12. Whether you are insured :  
by Mediclaim or personal  
accident insurance. If yes,  
give details.

13. Whether you have received :  
any amount towards  
solarium from any Association  
or Organization in this regard,  
if yes, give details
14. Whether you have filed or :  
intend to file any consumer  
dispute / accident claim,  
petition with reference to  
present claim, if yes, give  
details of the same.
15. Whether your treatment :  
is continuing or completed
16. Certificate of disability, :  
if any, issued by Medical  
Board.
17. Whether you are suffering :  
from an incurable disease,  
specify the same.
18. Total expenditure incurred. :
19. Amount claimed by you. :
20. Whether you are an income tax payee  
if yes, last year Returned Net Income.
21. Bank details (Enclose Photocopy of Passbook)
  - a. Bank Name :
  - b. Branch Name :
  - c. IFSC Code :
  - d. Bank Account Number :

NOTE: - Submit all treatment papers duly notarized and all original medical bills of the relevant dates only along with list of the same. Photocopies of the bills will not be accepted.

I submit necessary information along with all original bills and duly notarized medical papers with discharge ticket and shall also produce, if desired, the original of the same as and when desired. I have not received any solarium from any other fund or organization with reference to ex-gratia which is claimed in this case. I declare that whatever information is given, is correct and nothing wrong has been stated therein. Kindly arrange to give me the ex-gratia after verification of all documents and bills.

Thanking you,

**SIGNATURE OF APPLICANT**

Date .....

Verification and recommendation of President, Bar Association.

**PRESIDENT, BAR ASSOCIATION**