

**BAR COUNCIL OF UTTARAKHAND
Estt Fund for Accident & Death Claim 2010**

FINANCIAL ASSISTANCE FORM

To,
The Secretary
Bar Council of Uttarakhand
High Court Campus, Nainital

PHOTO

Sir,
I/we here/under furnish the particulars required for Financial assistance on account of accident/serious illness/disability of Shri

1. Name of advocate (In Block letters) :
2. Father's Name :
3. Date of Birth :
4. Permanent Address :
5. Ordinary place of practice :
6. Date of Enrolment : (i) UK..... (ii) UP.....
7. Registration No in scheme :
8. Affiliation No of Bar Association :
in bar Council of Uttarakhand
9. I have retired from (deptt) in the year
10. In case of
 - (a) Disease
 - (i) Nature
 - (ii) Duration of treatment
 - (iii) Name of doctor (certificate to be enclosed)
 - (b) Accident
 - (i) Date, time and place
 - (ii) Diagnosis
 - (iii) Name of doctor (certificate to be enclosed)
11. Expenses likely to be incurred :
12. Amount Claimed :

I hereby declare that the contents of this form are true to my personal knowledge. I request that the amount of Rs.be given to the applicant as financial assistance

Encls :

Applicant

Verification by the Bar Association

Verified that Shriadvocate practicing at
has met with an accident on and operation/surgery advised by the doctor whose
opinion is enclosed herewith by Shri with this
application form.

Verified that Shriadvocate practicing at.....
is a case of I..... suffering for.....
years/month and operation/surgery advised by the doctor.....
whose opinion is enclosed herewith by Shri.....with this
application form.

President/Secretary
Bar Association