

FOR DEATH CLAIM

Appendix 'C'

(PARTICULARS TO BE FILLED IN BLOCK LETTERS)

1. Name and full address of the applicant /s :-

1. _____

2. _____

3. _____

4. _____

5. _____

2. Name and address of the deceased Advocate :-

3 Relationship of the Applicant/s with deceased Advocate :-

1. _____

2. _____

3. _____

4. _____

5. _____

4. Date of Passing LL.B:- _____

5 Enrolment No. _____ with the Punjab and Haryana Bar Council.

6. Enrolment No/Membership no of _____ with the Punjab and Haryana High Court Bar Association. :- _____

7. Subscription of the Bar Association Paid upto _____

8. Whether any disciplinary action was taken against the deceased advocate either by the High Court Bar Association or Bar Council of Punjab and Haryana during the period of his practice :- _____

9. Date of Death :- _____

10. Whether the deceased advocate was either suspended removed or debarred from the membership of the Bar Association:- Yes / No

If yes, Give Details:- _____

11. Place of Death:- _____
(Attach Death certificate)

12. Cause of Death :- _____

13. Names and addresses of two advocate members of Punjab and Haryana High Court Bar Association, who knew fully the deceased advocate:-

1) _____

2) _____

14. Any other information which the applicant /s wants to give:- _____

Place:-

Applicant

Date:-

Verification

Verified that all the above particulars are true and correct and none of the fact mentioned above is false and everything stated above is correct and if found false I undertake to return the entire amount received from the Welfare Fund Committee Trust and further I shall be liable to pay any penalty if imposed by the Welfare Fund Committee.

Place:-

Applicant

Date:-

Affidavit

I _____ S/o _____
 R/o _____ do hereby solemnly affirm and
 declare as under:-

1. That my _____ was an advocate having.
 Enrolment No. _____ with the Punjab and Haryana
 Bar council. Membership No. _____ with the Punjab
 and Haryana High Court Bar Association .
2. That I/We are not entitled to any family pension, death-cum-gratuity
 under the Govt.Semi Govt. autonomous body or other organization
 under the pension scheme.
3. That I/We are deposing through this affidavit on my own sweet will
 and volition.

Place:

Deponent

Dated:

Verification :-

Verified that the contents of para no.1 to para no.3 of my
 affidavit are true and correct to the best of my knowledge and
 belief and nothing has been concealed therein.

Place:

Deponent

Dated: