

APPLICATION FOR ONE TIME FINANCIAL ASSISTANCE

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1.	Name of Advocate	
2.	Father's Name	
3.	Enrollment Number	
4.	Valid E-Mail ID And valid Contact Number	
5.	Information with regard to verification of Place of Practice: i. If has submitted application form for Verification of Place of Practice or has submitted Declaration form as the case may be. ii. AIBE Pass Details (if applicable) (AIBE Certificate or AIBE pass result to be attached) Place of Practice (Court) Residential Address (Permanent with proof) Residential Address (Present with proof)	
6.	Accommodation (Owned/Rented)	
7.	Details of Bank Account and IFSC (copy of front page of passbook with self attested)	
8.	Copy of the ID card of the Bar Association in which the Advocate is a member.	
9.	Income Details (With proof- preferably last three years IT returns)	
10	Whether the Applicant's father/mother/spouse is/are Govt. Servants-Give Details	

11.	Whether the Applicant is using Vehicle(s)- If yes what kind of and how many	
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(SIGNATURE OF THE ADVOCATE)

N.B: That only those needy advocates/applicants will be entitled to get financial assistance:-

- (i) Who is residing in rented accommodation (rent agreement or self attested affidavit in this regard to be furnished);
- (ii) Who is member of any Bar Association in the state of Odisha uninterruptedly;
- (iii) Whose Annual Income does not exceed rupees One Lakh Fifty thousand only. Documents to that effect be submitted along with the application. In the event such documents as are required in law have not been submitted, then certificate to the effect that the applicant's annual income is not more than rupees one lakh fifty thousand be given by the Immediate continuing President and Secretary of the concerned Bar Association or by the Senior with whom the Applicant works as an associate.

Undertaking

I, Mr/Mrs./Ms. _____, aged about _____ years
 Son/Daughter/ Wife of _____ presently residing at _____,
 practicing as an Advocate, being a member of _____
 Bar Association undertake that all the facts are true and correct as per my knowledge. In the event the facts stated and the documents based upon which such facts have been stated are found to be false/incorrect, then it will be open to the Special Committee of Odisha State Bar Council or the Odisha State Bar Council itself to take any action against me including initiation of Disciplinary Action and I further undertake the amount disbursed in my favour shall be refunded/returned by me.

Date:

Place:

Signature

Verified by
 President/Secretary
 of the Bar Association
 with seal & signature