

प्रारूप संख्या -1

**BAR COUNCIL OF UTTRAKHAND ESTABLISHMENT  
FUND FOR ACCIDENT & DEATH CLAIM, 2010**

**(MEMBERSHIP FORM)**

PHOTO

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

Sir,

I furnish hereunder the particulars required for membership of Establishment Fund (Accident & Death Claim)

1. Name of Advocate (In Block Letter): .....
- Date of Birth .....
2. Father's/Husband's name .....
3. Permanent Address .....
- .....
5. Phone no ..... Mobile No.....
6. Date of Enrolment no U.K. ....  
U.P. ....
7. Ordinary place of practice .....
8. Affiliation no of BAR ASSOCIATION with BAR COUNCIL, UTTARAKHAND .....
- dated .....
9. I have retired from .....(Dept) in the year .....
10. I am not/am engaged in any Business/Employment/part time service in violation of BCUK Rules and Advocate Act 1961.
11. Details of Bank Draft for Membership..... Bank Draft no .....
- dated ..... Rs. 1000/- payable at S.B.I. Nainital High Court Branch in favour of BCUK Establishment Fund for Accident & Death Claim or Rs. 1000/- in cash by receipt no dated.....
12. Verification by Secretary/President of BAR ASSOCIATION with Seal and Signature

I hereby declare that the content of the above declaration are true to my personal knowledge. I request that I may be admitted as member of the BCUK ESTABLISHMENT FUND FOR ACCIDENT AND DEATH CLAIM.

Place:

Date:

Signature of Applicant

प्रारूप संख्या -1 का भाग

(NOMINATION FORM)  
(ESTABLISHMENT FUND FOR ACCIDENT & DEATH CLAIMS)

To,

The Secretary, BCUK,  
High Court Campus Nainital.

I, hereby declare and nominate the members of my family/person or persons so long as I have no family and direct that the amount payable to my nominee from BCUK ESTABLISHMENT FUND FOR ACCIDENT & DEATH CLAIMS after my death shall be paid or distributed to the Nominee/ Nominees mentioned below in the following manner shown against their names.

Name of Address of nominee	Relationship with the applicant	Age of nominee	Share to be paid
1	2	3	4

Names of two witness

(Signature of member)

1 Name .....

2. Name .....

Address .....

Address .....

Signature .....

Signature .....

**Notice:**

On the death of one nominee or nominees a fresh declaration nomination form shall have to filled with the least possible delay. If the subscriber subsequently acquires a family/married, he may file a fresh declaration & nomination form.



**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 Shri .....advocate 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 Shri .....advocate 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

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

**DEATH CLAIM FORM**

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

PHOTO

Sir,

I/we here/under furnish the particulars required for death claim 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. Date of Death : .....
9. Amount Claimed : .....
10. Amount received by the  
deceased as financial assistance  
in his lifetime (if any) : .....

I/we the nominee/legal heirs of the deceased Shri .....  
do hereby declare that the contents of this claim form are true to my/our personal knowledge. I/we request  
that the claim amount be given to the applicant/s.

Encls :

Applicant/s  
Nominee/legal heirs  
of the deceased

**Verification by the Bar Association**

Verified that Shri ..... advocate practicing at .....  
has expired on ..... and ..... applicant/s are his nominee/ legal  
heirs.

President/Secretary  
Bar Association