

## ORIGINAL FORM

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

My Father/Husband Shri .....son of  
Shri .....R/o .....  
.....Uttarakhand Mobile No.....  
Applicant's . He was enrolled as an Advocate by Uttarakhand Bar Council vide  
enrollment no. U.P. ....U.K..... on the enforcement of  
the Advocate Act 1961 his name was duly entered on the roll of Advocate maintained  
by the Bar Council under the said act.

The date of birth of Shri ..... deceased advocate  
according to his High School Certificate was ..... (High School  
Certified and 2 copies duly attested by a Gazetted Officer is enclosed herewith)  
Shri/Smt/Km. ....died on date  
.....time ..... at place .....He  
was suffering form ..... and was under the treatment of  
Dr. .... who is registered medical Practitioner. The Doctor's  
certificate and the death certificate from the Nagar Mahapalika/Municipal/town Area  
etc. in original as well as one copy duly attested by a Gazetted Officer/Member Bar  
Council Uttarakhand enclosed herewith. Shri/Smt./Km.  
.....advocate was married/unmarried and has behind  
the following heirs and legal representatives:-

S.no.	Name	Age	Relationship with the deceased	Married/unmarried.
1	2	3	4	5
1				
2				
3				
4				

An Affidavit duly before a Public Notary stating the above facts is also attached (in duplicate) herewith. Under the Group Insurance Scheme of the Bar Council of Uttarakhand, the heirs of an Advocate who dies below the age of 65 years are entitled to payment of Rs. 50,000/- It is therefore, requested that you may pay the sum of Rs. 50,000/- to me/us at an early. My Son/Daughter/Mother have also signed this application and hereby agree that the payment of the claim amount of Rs. 50,000/- be made by the cheque in the name of Shri/smt./km .....and my receipt along may be deemed to be sufficient discharge of the claim.

I/We hereby declare that the in formations given above are true to my personal knowledge and that nothing material has been concealed.

Yours, faithfully

1  
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(With names and full address of the applicants)

Signature of the above persons attested who have signed before me and personally known to me.

President/Secretary Bar Association

Gazetted Officer/Member Bar Council of Uttarakhand

(With Designation and Seal)

## DUPLICATE FORM

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

My Father/Husband Shri .....son of  
Shri .....R/o .....  
.....Uttarakhand Mobile No.....  
Applicant's . He was enrolled as an Advocate by Uttarakhand Bar Council vide  
enrollment no. U.P. ....U.K..... on the enforcement of  
the Advocate Act 1961 his name was duly entered on the roll of Advocate maintained  
by the Bar Council under the said act.

The date of birth of Shri ..... deceased advocate  
according to his High School Certificate was ..... (High School  
Certified and 2 copies duly attested by a Gazetted Officer is enclosed herewith)  
Shri/Smt/Km. ....died on date  
.....time ..... at place .....He  
was suffering form ..... and was under the treatment of  
Dr. .... who is registered medical Practitioner. The Doctor's  
certificate and the death certificate from the Nagar Mahapalika/Municipal/town Area  
etc. in original as well as one copy duly attested by a Gazetted Officer/Member Bar  
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.....advocate was married/unmarried and has behind  
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(With names and full address of the applicants)

Signature of the above persons attested who have signed before me and personally known to me.

President/Secretary Bar Association

Gazetted Officer/Member Bar Council of Uttarakhand

(With Designation and Seal)

नये नियम 2021 के अनुसार मृतक अधिवक्ता की आयु 70 वर्ष से अधिक न हो

संलग्नक— मृत्यु दावे के लिये

1. पूर्ण रूप से भरा हुआ क्लेम फार्म।
2. मृत्यु प्रमाण पत्र।
3. शपथ पत्र नॉमिनी
4. शपथ पत्र अनापत्ति एक से अधिक बालिग वारिसान होने पर।
5. हाईस्कूल प्रमाण पत्र की छायाप्रति
6. अधिवक्ता प्रमाण पत्र मूल
7. परिचय पत्र नामिनी।
8. बैंक डिटेल्स नामिनी (चेक अथवा पास बुक की साफ छायाप्रति)