

RAJASTHAN ADVOCATES WELFARE FUND RULES, 1988

THE RAJASTHAN ADVOCATES WELFARE FUND RULES, 1988 1988 In exercise of the powers conferred u/s. 32 of the Rajasthan Advocates Welfare Fund Act, 1987 (Act No.15 of 1987) the Bar Council of Rajasthan after previous approval of the State Government make the following rules for the purpose of the Act. CHAYÆR-I Preliminary 1. Short title and These rules may be called the Rajasthan Advocates Welfare Fund Rules, 1988. (2) they shall come into force on the date of their publication in the Official Gazette. 2. In these rules unless the context otherwise requires,- (a) "Act" means the Rajasthan Advocates Welfare Fund Act, 1987 (Act No. 15 of 1987); (b) "Bank" means any Scheduled Bank; and (c) "Form" means a form prescribed under these rules. (2) Words and expression used; but not defined in these rules, shall have the same meaning as assigned to them in the Rajasthan Advocates Welfare Fund Act, 1987.

CHAPTER-11 Register of the Fund 1. The Committee shall maintain a Fund register of the amount received in the fund under the separate heads provided in Section 3 of the Act. This will be in the following form:— S. No. Date R.No. From whom received CHAPTER-III Amount Notice Establishment of Trustee Committee 1. The Trustee Committee shall subject to the provisions of the Act and these Rules administer the fund and other aspects. 2. The Secretary shall be responsible for the day to day administration of the office of the Committee. 3. The Committee shall make rules for the recruitment, appointment etc. of the officers and servants of the Trustee Committee. In the mean time, till such rules are framed by the Bar Council in this respect shall be applicable. Published in Raj. Gaz. Part VII, dt. 17.5.1990 at page 36. (21) 22 THE RAJASTHAN ADVOCATES WELFARE FUND RULES 1988 4. The

Trustee Committee shall maintain the following registers for the purpose of Accounts:— (1) Fund register (2) Register of Admission Fees and Annual subscription (3) Cash Book (4) Stamp sale-register and expenses-incurred stationery, printing (5) Voucher file 5. The registers etc. shall be maintained in the Form as directed by the Committee in consultation with the Chartered Accountant appointed as Auditor of the fund. 6. The Secretary shall maintain the following registers:— (1) Members registers in following form:— S. No. Date of Name Age of member Address Date since enrolment No. admission and s member Father's name practising with Enrol. (2) Register of Rec Bar Association in the following form:— Number of File No. of the S. Name and address of Date of recognition Members Association Association No. (3) Register of Members under suspension:— S. No. Name and address and serial number in the register of members Date of suspension and cause in brief enters to Members/heirs of members:— (4) Register of Date of revival Paid on a/c of s. No. D/D or Cheque No. Date Name and Address Amount (5) The other registers and files for day to day use shall be maintained as per requirement under the directions of the Secretary subject to supervision of the Committee. THE RAJASTHAN ADVOCATES WELFARE FUND RULES, 1988

CHAPTER-W (12) for Admission as Member 23 Every advocate shall apply for admission as member to the fund within 30 days from the commencement of the Act in the following form. The delay in application after the date of the may be condoned for sufficient cause being shown by the applicant., APPLICATION FORM (Jisc 16 OF WELFARE FUND Act, 1987. (Act NO. 15 OF 1987) The Secretary, Trustee Committee, Jodhpur. Sub; Sir, I apply to be admitted as member of the fund:— 1. Name 2. Father's name 3. Age 4. Address 5. Enrolment No. and date in the Bar Council 6. Date since practising as (A) Pleader (B) Advocate 7. Name of Bench of which the applicant is 8. Period of suspension of practice from to 9. of IO. Member-the Applicant Was a court of law for an offence of moral depravity 10. Panic & circumstances: D. Cause legal heirs (if I as per succession law. (If there are more than one nominees, specify the amount or share payable to each. Upto as to cover whole of amount payable)

12. Amount of fees (Net Payee) 13. Cheque or D.D. No

14. Whether the applicant was ever from membership of fund, if so: 24 Date RAJASTHAN ADYOCATFS WELFARE FUND RULES, 1988 When.. . . Why Date of revival 15. Any other details
Declarations (A) hereby declare that the above particulars are Eue to my personal knowledge. (B) hereby undertake to abide with the provisions of Act, Rules and direction etc. made thereunder. (C) I hereby undertake to pay subscription as required by the Act or Rules. Signature of applicant Advocate (13) The



form may be submitted directly to the Trustee Committee office through the Bar Association concerned. If

this form is submitted through the Association, the Bar Association shall forward immediately with endorsement that the particulars in column No..... have been checked from the record of the Association.

(14) The Bar Association will issue the acknowledgment of the form on behalf of the Secretary. (15) The Trustee Committee shall intimate the applicant within 30 days the decision taken on the application u/s

16. If the Trustee Committee admits the applicant as member it will issue a certificate in the following form. Certificate of Admission to the Fund [Section 1. Name and Address of Member 2. Date since practising 3. Name/Names with, respective share of the nominee/s 4. Any other particulars. Date Signature of the authorised Signatory (16) If the application u/s. 16 after hearing the advocate is rejected, the Committee shall intimate the details of its finding with reasons under the seal and signatures of the Secretary by Regd. post A.D. THE UJASTHAN ADVOCATES WELFARE FUND RI-JIB, 1988 (17) Change or cancellation of nomination:— 25 Any member desiring to cancel or change the nomination made previously, he shall notify under registered post to the Secretary in the following form: Change/Cancellation of Nomination [Section 16(10) of the Act] 1. Name & address of the member with serial number of membership 2. Date of nomination .

3. Details of previous nomination (A) Name with respective share (B) Relationship

4. If cancellation is sought—(A) Name of the nominee to be cancelled (B) Nominees 5. If fresh nomination is sought:— (A) (B) (C) Date Name with age and share Relation with member Address of the nominee/s Signature of member of the District in whose jurisdiction the member is ordinarily practising or residing. 26 NE RAJASTHAN ADVOCATES WELFARE FUND RULES, 1988 (18) Application by member on cessation of practice Member on cessation of the practice shall submit application for payment of the amount in the following form: Form of Application by Member under Section 17 for the Payment 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. Name and Address of the Member Date of Birth Date of Enrolment & R. No. Date of admission as member to the R.A.W.F. Duration of practice before Admission as : member Duration of practice after admission as : member Date of discontinuance of practice (A) Date of discontinuance (B) Date of Revival (If there are more periods than one, please state all) If the member joined any employment since : after becoming member, details be given Total period of discontinuance of Practice (A) Before admission as member (B) After admission as member Amount claimed and details in short for it. I hereby declare that the particulars are true to my personal knowledge. Signature Date Verification and recommendation of President, Bar Association President, Bar (19) Payment in case of death of the member.—Any nominee, dependent or legal heir, as the case may be, may submit application for the payment of amount in the following form: RAJASTHAN ADVOCATES WELFARE FUND RULES, 1988 THE RAJASTHAN ADVOCATES WELFARE FUND 27 1. 2. 3. 4. 5. 6. 7. 8. 9. C/o THE BAR COUNCIL OF RAJASTHAN HIGH COURT BUILDINGS, JODHPUR-342001 PAYMENT IN CASE OF DEATH OF THE MEMBERS Name and Address of the deceased member Phone No Mobile No Date of Birth Date of Enrolment and R. No. Date of admission to the fund Date of death (A death certificate must be enclosed) Cause of Death (A) Natural (B) Accidental Period or periods of discontinuation of practice, if any. If the deceased member joined any service after : becoming member, please give details. Detail of applicant (a) Name/ Names with age and address of each applicant (b) If nominee, specify the Share/ Shares of each nominee (c) If the applicant is not nominee I. Relation with the deceased 11. Succession Certificate must be annexed with the application form Amount claimed and its details in short Date Please attach your latest passport size photo Signature Verification and recommendation of President, Bar Association. PRESIDENT, BAR ASSOCIATION 28 NE RAJASTHAN ADVOCATES WELFARE FUND RULES, 1988 (20) Application for payment to be disposed expeditiously: The Trustee Committee shall dispose off the application u/s. 17 of the Act very expeditiously and within a month of its receipt in the office of the Committee. If there is any enquiry to be made by the Committee in this respect the same shall be made expeditiously. Even under all the circumstances the application shall be disposed off within 3 months from the date of receipt in the office of such application: Provided that this period of one month or 3 months may be extended by a further period of one month with a resolution of the Committee for reasons to be recorded and intimated to the applicant or if more applicants than one to all the applicants. COPIES Copy of judgment or order to be sent: (21) Copies.—The Committee shall send a copy of the order or judgment passed or pronounced on any matter under this Act and send a copy of such order or judgment immediately to the applicant or person having

interest in the or aggrieved by such order or judgment by Regd. Post (free of cost). (22) Other copies to be issued.—The Secretary shall issue copy of any application, any entry of register of members or Register of Bar Association etc. to any person on payment of fees as prescribed in the High Court Rules. The fees shall be paid in cash or in stamps printed by the Committee: e Provided also that the Committee. may refuse the issue of copy of any document for reasons to be recorded in writing. THE RAJASTHAN ADVOCATES WELFARE FUND RULES, 1988 THE RAJASTHAN ADVOCATES WELFARE FUND C/o THE BAR COUNCIL OF RAJASTHAN HIGH COURT BUILDINGS, JODHPUR-342001 29 Application for retirement as an Advocate, under Section- 17 of Rajasthan Advocates Welfare Fund Act & to remove name as an Advocate Section 26(A) of the Advocates Act. To, The Secretary, Rajasthan Advocates Welfare Fund Committee, C/o Bar Council of Rajasthan, High Court Building, JODHPUR Sir, Please affix your latest passport size photo I am not in a position to practice as an Advocate. I have applied for retirement benefits under Rajasthan Advocates Welfare Fund Act. Kindly remove my name on the Roll from the date of sanction retirement benefits by the Trustee Committee. I am enclosing the original Certificate of Enrolment issued by the Bar Council of Rajasthan. 1. 2. 4

5. My Particulars are given as under: —Name Address (A) At the time of Retirement (B) After Retirement Phone No Mobile No Enrolment No. Date of Enrolment Reason for Retirement (Give full detail) (Signature in English) Place Date (Signature in Hindi) Encl: Original Enrolment Certificate. N.B. : 1. Please return form duly filled with a D.D. of Rs. 100/- (Rs. Hundred only) payable to Secretary, Bar Council of 2. The Original Certificate must be enclosed. 30 RAJASTHAN ADVOCATES WELFARE FUND RULES, 1988 THE RAJASTHAN ADVOCATES WELFARE FUND To, The Secretary, Rajasthan Advocates Welfare Fund Committee, C/o Bar Council of Rajasthan, High Court Building, JODHPUR Sub: Application for grant of ex-gratia Sir, Please affix your latest passport size photo In above reference I am submitting herewith this application with all necessary informations required alongwith original bills and medical papers for the purpose of disbursement of ex-gratia to me. 1. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14, Name of Applicant Address Phone No Mobile No Place of Practice Enrolment No. No. of years of membership to R.A.W.F. Whether all payments of RAWF have been made or Not (if due, same should be enclosed with the application) Whether your name has been struck off from the roll of RAWF, if yes, when? Submit proof thereof. When the disease or accident first reported Brief of disease/ disability Place of treatment and name of attending Doctor Date of discharge from Hospital Whether you are insured by Mediclaim or personal accident insurance. If yes, give details. Whether you have received any amount towards solarium from any Association or Organization in this regard, if yes, give details • Whether you have filed or intend to file any consumer dispute / accident claim, petition with reference to present claim, if yes, give details of the same. NE ADVOCATES WELFARE FUND RI-JIB, 1988 31 15. 16. 17. 18. 19

20. When your retirement is continuing or completed Certificate of disability, if any, issued by medical Board. Whether you are suffering from an incurable disease, specify the same. Total expenditure incurred. Amount claimed by you. Whether you are an income tax payee if yes, last year Returned Net Income. 9 NOTE : - Submit all treatment papers duly notarized and all original medical bills of the relevant dates only alongwith list of the same. Photocopies of the bills will not be accepted. I submit necessary information along with all original bills and duly notarized medical papers with discharge ticket and shall also produce, if desired, the original of the same as and when desired. I have not received any solarium from any other fund or organization with reference to ex-gratia which is claimed in this case. I declare that whatever information is given; is correct and nothing wrong has been stated therein. Kindly arrange to give me the ex-gratia after verification of all documents and bills. Thanking you, Date . • SIGNATURE OF APPLICANT Verification and recommendation of President, Bar Association. PRESIDENT, BAR ASSOCIATION 32 NE RAJASTHAN ADVOCATES WELFARE FUND RULES, 1988 THE APPLICATION FORM FOR RECOGNITION AND REGISTRATION OF BAR ASSOCIATION APPLICATION BY THE BAR ASSOCIATION FOR RECOGNITION AND REGISTRATION UNDER SECTION 14 CHAPTER OF THE RAJASTHAN ADVOCATES WELFARE FUND ACT, 1987 1. Name of the Association of incorporation (with Rules and Bye Laws of Association) S. Place and District 4, Whether previously registered under any law 5. Name and address of the present office bearers (Schedule 'A') 6. Name and address of all the members including office bearers of the association (with R. No, or date of enrolment, Date of Birth and Ordinary place of practice) (Schedule 'B') 7. The applicant association

under takes to abide with the provisions of the Act Rules and directions given from time to time under the Act and Rules

8. This application form must be accompanied by Schedule A and B attested photo-copy of certificate of incorporation/registration as in Column No.4 PRESIDENT SECRETARY VERIFICATION : It is hereby verified .that the contents of this application form Schedule 'A' & 'B' and. other enclosures are correct on the basis of the record and information collected from the Members. Date • (Full Name)
SECRETARY (Full Name)

