

COVID 19 SCHEME APPLICATION

Name

Father's name

Address Phone No & email

SCBA number Subscription paid till

Bar Council no

Reason seeking financial assistance

Bank details

Declaration : My income during the year 2019-2020 is less than Rs. 5,00,000/-, I further submit that I have not taken any loan or assistance from any other Bar Association or any other State Bar Council or Bar Council of India and the content of the application are true to the best of my knowledge, information and Belief.

I hereby undertake to return the interest free loan of Rs. 25,000/- within two years positive FAILING which my SCBA membership be terminated.

Advocate

New Delhi

Dated: