

THE KERALA ADVOCATES' WELFARE FUND

Form No. XI
[See Section 5(1E) and Rule 4(1A)]*

Option Form to be submitted along with application for admission to the membership of the fund to claim previous actual practice

1. Name (in block letters) : JAYAKRISHNAN. R
2. Address with pin code and Cell No. : JYOTHIS, MUTAKKULAM
(S) P.O., KALAPPUZHADISTRICT
KERALA - 690506
3. Date of enrolment & Roll Number : 28/02/1999 / K/222/1999
4. Number of Vakalaths filed till the date of filing of the application (approximate) : 300
5. Subscription payable corresponding to the period of actual practice.
6. Number of completed years of practice from the date of enrolment till the date of filing application for admission with option form. : 22 years
7. Subscription payable for getting prior practice reckoned (amount shown in column 5 multiplied by the multiplier shown in column 6)
8. Fine payable @ Rs.2000/- for every completed years of actual practice as on date (i.e. Rs.2000 x multiplier)
9. Grant total of amount paid under Section 15(1E) for getting prior period of practice reckoned and date of payment. (DD/receipt to be attached)

DECLARATION:

I, JAYAKRISHNAN. R. ... do hereby declare that the particulars furnished above are true and correct and submit this option with the prescribed amount to get my prior period of actual practice reckon as provided in Section 15(1E) of the Act.

Place: Bonakulam
Date: 5/01/2023

Signature of the applicant

Seal:

Vice President

Secretary

* To be attested by both President & Secretary of Bar Association.