



KERALA ADVOCATE WELFARE FUND

Form No. III
See Section 15 and Rule 4 (1)

APPLICATION FOR ADMISSION TO THE WELFARE FUND

1. Name and address
(in Block Letters)

:PRAVEENA R
CHANJAPLACKAL HOUSE THODUPUZZHA P O
OLAMATTOM

2. Age and date of birth of applicant

:29,26-12-1994

3. Date of enrolment under the Advocates' Act, 1961

:19-03-2023

4. Details of practice*1

:THRISSUR

5. Number of Vakalaths filed for the last five years
(Approximately)

:5 08 182/24, 08 188/24, 08 194/24
08 181/24, 08 195/24

6. Place or places of practice

:THRISSUR

7. Suspension or discontinuance of practice if any,
with details of suspension and resumption.

:No

8. Name and address of the nominee or nominees
with the proportion of share to be paid to each.

:
• SREERAG C G
CHANAYAN HOUSE NEAR
KODUVAYUR TEMPLE CHOWWANNUR
KUNNAMKULAM
0%

9. Amount and date of payment to the Fund under
Section 15(3) (DD/counterfoil to be attached)

:500/-

10. Admission fee how paid

I ...PRAVEENA R... do hereby solemnly affirm that the particulars furnished above are true and correct..

Place:

Date:



Attested By

President

PRESIDENT
TRICHUR BAR ASSOCIATION

SECRETARY

TRICHUR BAR ASSOCIATION

Signature of the Applicant.

1*In case the applicant has practiced in more than one Court centre, certificate from the President or Secretary of each Bar Association has to be furnished.

APPLICATION FOR ADMISSION TO THE WELFARE FUND PROFORMA

1. Name and address of the applicant
(in Block Letters)

:PRAVEENA R
CHANJAPLACKAL HOUSE THODUPUZHA P O
OLAMATTOM

2. Date of enrolment of the applicant

:19-03-2023

3. Name of the Bar Association of which applicant is
a member

:THRISSUR

4. Date on which the applicant was admitted to the
Bar Association.

:

5. Approximate number of vakalaths filed, giving
number of at least five cases spread over the whole
period.

:5 , OS 181/24, OS 182/24, OS
188/24, OS 194/24, OS 195/24

6. Reasons if any, for the delay in filing Application
for membership to the welfare fund.

:No delay

7. State whether the applicant has made any previous
application for admission to the membership of the
fund. If so, give the details regarding the same.

:

8. State whether the applicant was employed or
engaged in any profession, trade or calling till date. If
so, give details regarding the period of service,
eligibility and receipt of retirement benefits by the
applicant from such employment or engagement.

:NIL

a. How many years of service do you have?

:NIL

b. Have you received any gratuity or PF?

:False

c. If yes, How much?

:0

d. How much pension are you receiving?

:0

e. Pension book details

:

f. Relieving order

:

I . PRAVEENA R . . do hereby declare that the particulars furnished are true and correct. (I further
declare that I am not availing and I have not availed of any kind of retirement benefits from
Government, public or private sector undertakings on account of employment before my enrolment as
an advocate).



Signature of the Applicant.

Certified that the details shown in column number 5 (five) are correct as per court records.

(Seal)

(Signature of the Presiding Officer of the Court where
the applicant practices)

25/6/24
PRINCIPAL MUNSIF
THRISSUR