



Bangladesh Bar Council
Form of application for grant out of the
Relief Fund

PHOTOGRAPH

1.	Name of distressed/deceased Advocate	
2.	Father's Name	
3.	Date of Enrolment	
4.	Name of the Bar Association to which the Advocate is / was attached	
5.	Cause of distress with duration. (Please enclose a Medical Certificate from M.B.B.S. Doctor if distress is caused due to ill health).	
6.	Sanad / Receipt Book No.	
7.	Last year of Payment	
8.	Present age	
9.	Present address with phone/mobile No.	
10.	Number of dependents with age, relationship, and occupation of dependents if any.	
11.	Whether any grant paid by the Bar Council earlier, if so, please state that amount with date.	
12.	Signature of the applicant.	
13.	Remarks of the Secretary of the concerned Bar Association including a statement as to what Relief the Bar Association has given to the applicant.	
14.	Recommendation of the concerned Bar Association. (Please enclose a copy of the resolution containing financial assistance certifying the cause of distress).	

Date :

Secretary

..... Bar Association.

(Seal)

Enclose:

1. Medical Certificate (Doctor's Certificate, not prescription)
2. Resolution of the Bar Association
3. Photocopy of receipt Book (Green Book)
4. Passport size photograph (1 copy)