

Proposal Form for
Accidental Insurance Scheme

1. Name of Advocate (in Capital Letters) _____
2. Father's Name (in Capital Letters) _____
3. Date of Birth _____
4. Enrolment Number with Bar Council
of Himachal Pradesh. _____
5. Address: _____

6. Name of nominee with relationship with the
applicant and if more than one then percentage. _____

7. Description of Physical disability, if any,
suffering from.) _____
8. Name of the Bar Association of which
the applicant is a member.) _____

Place :

Applicant

Date:

DECLARATION

I _____ the above named applicant do hereby declare that the particulars given above are true to the best of my personal knowledge and information.

Declare at _____ on _____

Declarant.

Note: -

1. Only Advocates who are below 80 years of age and enrolled with Bar Council of Himachal Pradesh will be eligible to become Members of the Group Insurance Scheme.