

KARNATAKA STATE BAR COUNCIL, BENGALURU
MEDICAL CLAIM APPLICATION FORMAT FOR COVID 19
2020 -2021

Name of the Advocate	
Address	
Roll No.	
Place of Practice	
Member of which Bar Association	
Mobile Number	
Aadhar Number	
Whether you are infected of COVID 19 after 1.4.2021?	
RTPCR tested positive details	SRF No. BU NO. (For B'lore City) Referral No. (For other Districts)
Whether you are in Home Quarantined	YES / NO
Whether you were Hospitalized	YES / NO
Name of the Hospital, Address & contact number	

Date of Admission	
Date of Discharge	
Pan Card Number	
Name of the Bank & Branch	
Account Number with IFSC Code	

Place :

Date :

Signature

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Conditions :

1. K.A.W.F. Subscription must be paid upto date (Exemption 2020- 21)
2. Must have passed AIBE

Encl:

1. Covid 19 Positive report
2. Aadhar Card
3. Admission and Discharge summary
4. Medical bills
5. Copy of the Enrolment Certificate
6. Copy of the Welfare Fund Certificate
7. AIBE Passing Certificate
8. Self Attested Affidavit.

SELF DECLARED AFFIDAVIT FORMAT

AFFIDAVIT

I, Sri./Smt. _____ S/o - D/o _____ Age

_____ Years, Address _____ bearing Enrolment No. MYS/KAR _____

do solemnly swear as under:

I am not suppressing or misrepresenting any material facts.

I state that what is stated above is true and correct to best of my knowledge.

Place :

Date :

DEPONENT