

**Application for Monetary Assistance to the Covid
19 infected Advocate Member**

1) Name of Applicant:-----

2) Name of Infected Advocate:-----

3) Relation with Infected Advocate :-----

4) Information about the Infected Advocate

a) Bar Council Registration No. And Date: -----

b) TDCBA Membership No. and Date:-----

c) Number of Dependents:-----

**d) Year of last Income Tax Returns filed :-----
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5) a) Date on which Infected Advocate was found Covid-19+:-----

**b) Any other family member of the Infected Advocate was found Covid-19+, please specify the their names and date on which they got infected:

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**6) Whether Infected Advocate was/is Home Quarantined/ in Quarantine Centre/admitted in Hospital:-----
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a) If Infected Advocate was/is in Home Quarantined, kindly mention the place and period for he/she was/is in home Quarantine:--

(ii) Total medical expenses incurred for treatment of Infected Advocate:-----

(ii) Total medical expenses incurred for for treatment of dependent members of the Infected Advocate:-----

b) (i) If Infected Advocate was/is in Quarantine Centre, kindly mention the name of the Quarantine Centre and period for which he/she was in Quarantine Centre:-----

(ii) Total medical expenses incurred for treatment of Infected Advocate in Quarantine Centre:-----:

(ii) Total medical expenses incurred for treatment of dependent members of the Infected Advocate in Quarantine Centre:-----

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c) (i) If Infected Advocate was/is admitted in Hospital, kindly mention the name of the Hospital and period for which he/she was in Hospital:-----

(ii) Total medical expenses incurred for treatment of Infected Advocate in Hospital:-----

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(ii) Total medical expenses incurred for treatment of dependent members of the Infected Advocate in Hospital:-----

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7) Whether Infected Advocate had received/applied for any financial help/assistance from any institution, Insurance Company, NGO etc. and if yes, amount of help received:-----

8) Account Details of the Infected Advocate:-----

Yours Truly,

Xerox copies of the following Documents be enclosed

- 1) Test report certifying him/her as Corona +ve.

- 2) Medical treatment papers along with discharge card or admission papers of the treating Hospital.
- 3) If he/she is in quarantine center, papers accordingly be submitted.
- 4) Photo copy of Bar Council Identity Card
- 5) Photo copy of TDCBA's Identity Card
- 6) Latest Income Tax Returns