

DEED OF TRUST

THIS INDENTURE OF TRUST is created by "ALL ASSAM LAWYERS' ASSOCIATION" (in short "AALA") represented by its present President Mr. David Ledger, in regards to the provision of Article 20 of the Constitution of All Assam Lawyers' Association as per Resolution No.2 passed in the Special General Meeting of AALA held on 25.11.2023 at Nalbari District Bar Association to maintain, safeguard, manage, control and supervise the utilization of the Corpus Fund as per the 'Rules' provided herein-

1. Name of the Trust: **ALL ASSAM LAWYERS' ASSOCIATION WELFARE TRUST.**

2. Registration Office: AALA BUILDING,
M.G. Road, Panbazar
Guwahati, 781001
Kamrup (Metro), Assam

3. Object: The object of the Trust shall be as follows and it is hereby declared that none of its activities shall be in the nature of carrying of activity for profit and the Trust is Public Charitable Trust in nature.

- a) To grant Medical relief/ aid to the beneficiaries.
- b) To help the beneficiaries financially during pandemic or epidemic which causes disturbance in normal Professional activities.
- c) To provide financial aid/help to the beneficiary who is permanently disabled because of which he/she is unable to continue in legal practice.
- d) To utilize the income from the Trust properly which shall wholly be for charitable purpose.

David Ledger
Ramesh Kumar Jaina
Smt. Dr. V. D. Dey
Rajimuddin Ahmed

ANNEXURE -1

**APPLICATION FOR REGISTRATION OF BENEFICIARY
MEMBER OF THE WELFARE FUND**

To,

The Managing Trustee,
All Assam Lawyers' Association Welfare Trust Board,
AALA Building, M.G. Road,
Guwahati - 781001.

Subject: - **Application for registration of beneficiary member
of the Welfare Fund.**

Sir,

I hereby apply to be admitted as beneficiary member of the
Welfare Fund of AALA, my detail particulars are given below:-

Sl No.	Particulars	
1	Name (PAN Card enclosed)	
2	Father's/ husband's name	
3	Date of Birth	
4	Address (Aadhar Card enclosed)	
5	Enrollment No. and date in the Bar Council (Certificate of Practice enclosed)	
6	Name of the practicing Bar Association of which the applicant is the member. (enclosed the Certificate of Affiliated Bar Association)	
7	Particulars of Nominee: (i) Name and Age of Nominee (ii) Relationship (iii) Address	
8	Particulars of fees paid	
9	Any other details	

DECLARATION

1. I hereby declare that the above particulars are true to my personal knowledge.
2. I hereby declare that I have never been adjudicated insolvent.
3. I hereby declare that I have never been convicted by the court of Law.
4. I hereby declare that I have never been debarred from practicing.
5. I hereby undertake to abide by the Rules of the Welfare Fund as prescribed by TRUST from time to time.
6. I hereby declare that I am not engaged in any other profession or vocation except the legal profession.

Date:

Signature of Applicant Advocate

Forwarded by the President/Secretary certify that the applicant is a member of Affiliated Bar Association.

Seal and Signature of Affiliated Bar Association of which the applicant is the member

N.B: Application for admission of membership for Welfare Fund and application for financial assistance MAY be made in hybrid manner i.e. online or offline.

ANNEXURE -2

**APPLICATION OF BENEFICIARY MEMBER FOR BENEFIT/RELIEF
FROM THE WELFARE FUND**

To,
The Managing Trustee,
All Assam Lawyers' Association Welfare Trust Board,
AALA Building, M.G. Road
Guwahati - 781001.

Subject: Application for benefit/relief from the Welfare Fund.

Sir,

I have applied to get benefit from the Welfare Fund of AALA, the detail particulars are given below:-

Sl No	Particulars	
1	Name of beneficiary (PAN Card enclosed)	
2	Father's / Husband's name	
3	Date of Birth	
4	Address (Aadhar Card enclosed)	
5	Name of Member of the Welfare Fund	
6	Purpose for seeking relief with proper supporting documents	
7	Name of the practicing Bar Association of which the member of the Welfare Fund is/was the member (enclosed the recommendation of recognized Bar Association)	
8	The capacity in which this application is made [Self/legal heirs nominee (please specify)]	
9	Any other detail	

DECLARATION

I hereby declare that the above particulars are true to my personal knowledge.

Date:

(Signature of Beneficiary)

Forwarded by the President/Secretary recommending the relief to beneficiary.

Seal and Signature of the President/Secretary Affiliated Bar Association of which the member of the Welfare Fund is/was the member.