I/we am/are not a member /members of
The Welfare Fund therefore of Rs.2
is/are not affixed herewith.
N.B. (Strike out which is not applicable)

VAKALATNAMA

IN THE COURT OF THE JUDGE/ (J.D. /S.D.)

J.M.F.C./ MACT Suit Appeal] No.__ Application] Cr.Case ______] Plaintiff Appellant Applicant] Complainant V/s. ______] Defendant] Respondent ____] **Opponent**] Accused I/We_____ Inhabitant/s of ______the ____ In the above matter hereby appoint Shri_____ _____to appear and act for me/us as my/our Advocate/s. Witness my/our hand this day of 20___ Witness Accepted & Filled in Court

On / /20__