

**Karnatak Law Society's  
RAJA LAKHAMGOUDA LAW COLLEGE**

Tilakwadi, BELAGAVI - 590 006  
( Affiliated to Karnataka State Law University, Hubballi)

**Dr. A. H. Hawaldar**  
**B.Com., LL.M.,**  
**Ph.D.**  
**Principal**



Ph. No. 0831- 2405501  
Mobile: 9449070959  
[rllawcollege@gmail.com](mailto:rllawcollege@gmail.com)  
[www.rllc.klsbelagavi.org](http://www.rllc.klsbelagavi.org)

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## Enrollment

Date & Time: 27/4/2023- 9:25:37 PM



**Shri. AMARNATH**

|                                       |   |
|---------------------------------------|---|
| Enrollment Roll No.                   | KAR/SD67/2022   |
| Enrollment Date                       | 08/12/2022  |
| Name                                  | Shri. AMARNATH  |
| Gender                                | Male  |
| Father Name                           | Shri. MAHARUDRAPPA  |
| Date of Birth                         | 22/09/1991  |
| Blood Group                           | A+VE  |
| Category                              | General   |
| Place of Practice                     | BHALKI  |
| Area of Practice                      | Civil   |
| Communication Address                 | 128, KHATAK CHENCHOLL,<br>BHALKI TQ., BIDAR DIST.<br>BHALKI<br>KARNATAKA- |
| Remarks                               |   |
| Enrolled for Welfare Fund Membership? | YES   |
| Welfare Fund Membership Date          | 08/12/2022  |
| Nominee Name                          | MAHARUDRAPPA  |
| Relationship                          | Father  |

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
|-----------------------------|--------------|--------|----------|-----------------|
|                             | 2023         | 1000   | 2023Dec  | Pay             |

Subscription Amount Paid: No Paid Details

Claim Amount Paid: No claim Details

Roll No

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Name

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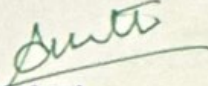
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## Enrollment

Date & Time: 27/4/2023- 9:26:14 PM



**Smt. ASHWINI MAHADEVAPPA ISHWARGOND**

|  |  |
|--|--|
| <b>Enrollment Roll No.</b>                   | KAR/5439/2022  |
| <b>Enrollment Date</b>                       | 08/12/2022   |
| <b>Name</b>                                  | Smt. ASHWINI MAHADEVAPPA ISHWARGOND                  |
| <b>Gender</b>                                | Female   |
| <b>Father Name</b>                           | Shri. MAHADEVAPPA                                    |
| <b>Date of Birth</b>                         | 28/06/1999   |
| <b>Blood Group</b>                           | A+VE   |
| <b>Category</b>                              | General  |
| <b>Place of Practice</b>                     | VIJAYAPUR  |
| <b>Area of Practice</b>                      | Civil  |
| <b>Communication Address</b>                 | EWS - 165,<br>JALNAGAR,,<br>VIJAYAPURA<br>KARNATAKA- |
| <b>Remarks</b>                               |  |
| <b>Enrolled for Welfare Fund Membership?</b> | YES  |
| <b>Welfare Fund Membership Date</b>          | 08/12/2022   |
| <b>Nominee Name</b>                          | SHANTA MAHADEVAPPA ISHWARGOND                        |
| <b>Relationship</b>                          | Mother   |

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

| <b>Subscription Amount Pending</b> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr><th>Pending Year</th><th>Amount</th><th>Due Date</th><th>Payment Gateway</th></tr> </thead> <tbody> <tr><td>2023</td><td>1000</td><td>2023Dec</td><td><b>Pay</b></td></tr> </tbody> </table> | Pending Year | Amount          | Due Date | Payment Gateway | 2023 | 1000 | 2023Dec | <b>Pay</b> |
|------------------------------------|---|--------------|-----------------|----------|-----------------|------|------|---------|------------|
| Pending Year                       | Amount  | Due Date     | Payment Gateway |          |                 |      |      |         |            |
| 2023                               | 1000  | 2023Dec      | <b>Pay</b>      |          |                 |      |      |         |            |
| <b>Subscription Amount Paid</b>    | No Paid Details   |              |                 |          |                 |      |      |         |            |
| <b>Claim Amount Paid</b>           | No claim Details  |              |                 |          |                 |      |      |         |            |

Roll No

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**Roll No**

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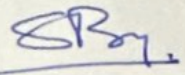
**Name**

**Roll No**

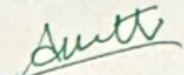
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**Enrollment**

Date &amp; Time: 27/4/2023- 9:06:33 PM



Smt. NILAM MANOHAR PATIL

Enrollment Roll No. KAR/485/2021  
 Enrollment Date 05/02/2021  
 Name Smt. NILAM MANOHAR PATIL  
 Gender Female  
 Father Name Shri. MANOHAR  
 Date of Birth 01/07/1995  
 Blood Group B-VE  
 Category General  
 Place of Practice BELAGAVI  
 Area of Practice Civil  
 Communication Address # 553/B LAXMI NAGARDHAMANE S BELAGAVITQ-BELAGAVIDIST:BELAGAVI  
 KARNATAKA-  
 Remarks  
 Enrolled for Welfare Fund Membership? YES  
 Welfare Fund Membership Date 05/02/2021  
 Nominee Name MANOHAR PATIL  
 Relationship FATHER

( Contact Mrs. Padma,Staff, KSBK (080-22868712) for any technical problem or double payment )

Subscription Amount Pending

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1400   | 2023Apr  | Pay.            |
| 2023         | 1000   | 2023Dec  | Pay.            |

Subscription Amount Paid No Paid Details

Claim Amount Paid No claim Details

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## Enrollment

Date & Time: 27/4/2023- 9:08:07 PM



Smt. KOMAL KANBARKAR

**Enrollment Roll No.** KAR/814/2021  
**Enrollment Date** 12/02/2021  
**Name** Smt. KOMAL KANBARKAR  
**Gender** Female  
**Father Name** Shri. MOHAN  
**Date of Birth** 08/06/1994  
**Blood Group** A+VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** H. N.209 Bharat Nagar,4th CrossShahapur,Belgavi  
 KARNATAKA--  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 12/02/2021  
**Nominee Name** Bharati Kanbarkar  
**Relationship** Mother

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
|-----------------------------|--------------|--------|----------|-----------------|
|                             | 2022         | 1400   | 2023Apr  | Pay             |
|                             | 2023         | 1000   | 2023Dec  | Pay             |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

Roll No

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### Enrollment

Date & Time: 27/4/2023- 9:10:21 PM

Roll No   
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Shri. BHARATI GOPAL KAGGODI

**Enrollment Roll No.** KAR/4473/2021  
**Enrollment Date** 26/11/2021  
**Name** Shri. BHARATI GOPAL KAGGODI  
**Gender** Female  
**Father Name** Shri. GOPAL  
**Date of Birth** 20/06/1993  
**Blood Group** AB-VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** BHARATI W/O PRAVEEN GANGAI HOME NUMBER 64 A GANGAI GALLI MAJAGAON BELAGAVI PIN 590008  
KARNATAKA-  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 26/11/2021  
**Nominee Name** PRAVEEN GANGAI  
**Relationship** HUSBAND

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
|-----------------------------|--------------|--------|----------|-----------------|
|                             | 2022         | 1400   | 2023Apr  | Pay             |
|                             | 2023         | 1000   | 2023Dec  | Pay             |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

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## Enrollment

Date & Time: 27/4/2023- 9:11:29 PM



Shri. SIDDHARTH T D

Enrollment Roll No. KAR/4456/2021  
 Enrollment Date 26/11/2021  
 Name Shri. SIDDHARTH T D  
 Gender Male  
 Father Name Shri. DHANYAKUMAR  
 Date of Birth 22/09/1992  
 Blood Group B+VE  
 Category General  
 Place of Practice HUBBALLI  
 Area of Practice Civil  
 Communication Address NO. 19, BASAVANAGAR, HEGGERI EXTENSION  
 OLD HUBBALLI,, HUBBALLI  
 KARNATAKA-580024  
 Remarks  
 Enrolled for Welfare Fund Membership? YES  
 Welfare Fund Membership Date 26/11/2021  
 Nominee Name DHANYAKUMAR M T  
 Relationship Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2023         | 1000   | 2023Dec  | Pay             |

| Paid Year | Paid Amount | Amount Paid On |
|-----------|-------------|----------------|
| 2022      | 1000        | 16/12/2022     |

Claim Amount Paid No claim Details

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## Enrollment

Date & Time: 27/4/2023- 9:13:09 PM

|   | <b>Shri. RAKESH BAILPATTAR</b>   |              |                 |          |                 |      |      |         |     |
|---|--|--------------|-----------------|----------|-----------------|------|------|---------|-----|
| <b>Enrollment Roll No.</b>  | KAR/787/2022   |              |                 |          |                 |      |      |         |     |
| <b>Enrollment Date</b>  | 25/02/2022   |              |                 |          |                 |      |      |         |     |
| <b>Name</b>   | Shri. RAKESH BAILPATTAR  |              |                 |          |                 |      |      |         |     |
| <b>Gender</b>   | Male   |              |                 |          |                 |      |      |         |     |
| <b>Father Name</b>  | Shri. BALU   |              |                 |          |                 |      |      |         |     |
| <b>Date of Birth</b>  | 11/11/1997   |              |                 |          |                 |      |      |         |     |
| <b>Blood Group</b>  | O-VE   |              |                 |          |                 |      |      |         |     |
| <b>Category</b>   | General  |              |                 |          |                 |      |      |         |     |
| <b>Place of Practice</b>  | RAIBAG   |              |                 |          |                 |      |      |         |     |
| <b>Area of Practice</b>   | Civil  |              |                 |          |                 |      |      |         |     |
| <b>Communication Address</b>  | AT POST CHINCHALI ROAD,<br>RAIBAG TALUK, BELAGAVI DISTRICT<br>RAIBAG<br>KARNATAKA-591317   |              |                 |          |                 |      |      |         |     |
| <b>Remarks</b>  |  |              |                 |          |                 |      |      |         |     |
| <b>Enrolled for Welfare Fund Membership?</b>  | YES  |              |                 |          |                 |      |      |         |     |
| <b>Welfare Fund Membership Date</b>   | 25/02/2022   |              |                 |          |                 |      |      |         |     |
| <b>Nominee Name</b>   | BALU BAILPATTAR  |              |                 |          |                 |      |      |         |     |
| <b>Relationship</b>   | Father   |              |                 |          |                 |      |      |         |     |
| ( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment ) |  |              |                 |          |                 |      |      |         |     |
| <b>Subscription Amount Pending</b>  | <table border="1"> <thead> <tr> <th>Pending Year</th> <th>Amount</th> <th>Due Date</th> <th>Payment Gateway</th> </tr> </thead> <tbody> <tr> <td>2023</td> <td>1000</td> <td>2023Dec</td> <td>Pay</td> </tr> </tbody> </table> | Pending Year | Amount          | Due Date | Payment Gateway | 2023 | 1000 | 2023Dec | Pay |
| Pending Year  | Amount   | Due Date     | Payment Gateway |          |                 |      |      |         |     |
| 2023  | 1000   | 2023Dec      | Pay             |          |                 |      |      |         |     |
| <b>Subscription Amount Paid</b>   | No Paid Details  |              |                 |          |                 |      |      |         |     |
| <b>Claim Amount Paid</b>  | No claim Details   |              |                 |          |                 |      |      |         |     |

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## Enrollment

Date & Time: 27/4/2023- 9:13:56 PM



Shri. NIRANJAN SHIVAKUMAR JADHAV

Enrollment Roll No. KAR/595/2022  
 Enrollment Date 25/02/2022  
 Name Shri. NIRANJAN SHIVAKUMAR JADHAV  
 Gender Male  
 Father Name Shri. SHIVAKUMAR  
 Date of Birth 15/05/1996  
 Blood Group A+VE  
 Category General  
 Place of Practice ATHANI  
 Area of Practice Civil  
 Communication Address # 1631, VIDYA NAGAR,  
 ATHANI TQ., BELAGAVI DIST.  
 ATHANI  
 KARNATAKA-591304  
 Remarks  
 Enrolled for Welfare Fund Membership? YES  
 Welfare Fund Membership Date 25/02/2022  
 Nominee Name SHIVAKUMAR. R. JADHAV  
 Relationship Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

Subscription Amount Pending OneTimeMember  

| Pending Year | Amount | Due Payment Date | Gateway |
|--------------|--------|------------------|---------|
|              |        |                  |         |

Subscription Amount Paid No Paid Details

Claim Amount Paid No claim Details

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## Enrollment

Date & Time: 27/4/2023- 9:14:30 PM



Shri. PRASAD HULYAL

Enrollment Roll No. KAR/5793/2022  
 Enrollment Date 14/12/2022  
 Name Shri. PRASAD HULYAL  
 Gender Male  
 Father Name Shri. DILIP  
 Date of Birth 02/03/1997  
 Blood Group AB+VE  
 Category General  
 Place of Practice BELAGAVI  
 Area of Practice Civil  
 Communication Address #3141, GANGANAGAR,  
 GANESHPUR, BENAKANAHALLI  
 BELAGAVI(DIST)  
 KARNATAKA-

Remarks

Enrolled for Welfare Fund Membership? YES  
 Welfare Fund Membership Date 14/12/2022  
 Nominee Name RAJASHREE. D. HULYAL  
 Relationship Mother

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
|-----------------------------|--------------|--------|----------|-----------------|
|                             | 2023         | 1000   | 2023Dec  | Pay             |

Subscription Amount Paid No Paid Details

Claim Amount Paid No claim Details

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## Enrollment

Date & Time: 27/4/2023- 9:15:07 PM



Smt. NAMRATA SUDHAKAR SUTAR

**Enrollment Roll No.** KAR/4266/2022  
**Enrollment Date** 01/10/2022  
**Name** Smt. NAMRATA SUDHAKAR SUTAR  
**Gender** Female  
**Father Name** Shri. SUDHAKAR  
**Date of Birth** 19/03/1998  
**Blood Group** O-VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** H.NO. 2572,  
NARAYAN NIVAS, MAHADEV GALLI, MACHHE,  
BELAGAVI  
KARNATAKA-590014  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 01/10/2022  
**Nominee Name** SUDHAKAR N SUTAR  
**Relationship** Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
|-----------------------------|--------------|--------|----------|-----------------|
|                             | 2023         | 1000   | 2023Dec  | Pay             |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

Roll No

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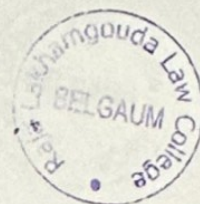
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## Enrollment

Date & Time: 27/4/2023- 9:16:20 PM



Shri. VINAYAK VITTAL PATTAR

**Enrollment Roll No.** KAR/4840/2022  
**Enrollment Date** 02/12/2022  
**Name** Shri. VINAYAK VITTAL PATTAR  
**Gender** Male  
**Father Name** Shri. VITTAL  
**Date of Birth** 22/08/1998  
**Blood Group** B+VE  
**Category** General  
**Place of Practice** GADAG  
**Area of Practice** Civil  
**Communication Address** S/O VITTAL PATTAR  
 NEAR BUSTAND, MATAD ONI,, CHIKKAHANDIGAL,  
 GADAG  
 KARNATAKA-582105  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 02/12/2022  
**Nominee Name** VITTAL PATTAR  
**Relationship** Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
|-----------------------------|--------------|--------|----------|-----------------|
|                             | 2023         | 1000   | 2023Dec  | Pay             |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

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## Enrollment

Date & Time: 27/4/2023- 9:17:41 PM

|  |   |
|--|---|
|  | <b>Shri. VITTAL LAXMAN PADATARE</b>   |
| <b>Enrollment Roll No.</b>                   | KAR/4736/2022   |
| <b>Enrollment Date</b>                       | 02/12/2022  |
| <b>Name</b>                                  | Shri. VITTAL LAXMAN PADATARE  |
| <b>Gender</b>                                | Male  |
| <b>Father Name</b>                           | Shri. LAXMAN  |
| <b>Date of Birth</b>                         | 31/08/1996  |
| <b>Blood Group</b>                           | O+VE  |
| <b>Category</b>                              | General   |
| <b>Place of Practice</b>                     | RAJBAG  |
| <b>Area of Practice</b>                      | Civil   |
| <b>Communication Address</b>                 | GADDE PLOT<br>KANAK NAGAR, RAIBAG(TQ)<br>BELAGAVI(DIST)<br>KARNATAKA-591317 |
| <b>Remarks</b>                               |   |
| <b>Enrolled for Welfare Fund Membership?</b> | YES   |
| <b>Welfare Fund Membership Date</b>          | 02/12/2022  |
| <b>Nominee Name</b>                          | LAXMAN RAMAPPA PADATARE   |
| <b>Relationship</b>                          | Father  |

( Contact Mrs. Padma,Staff, KSBBC (080-22868712) for any technical problem or double payment )

| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
|-----------------------------|--------------|--------|----------|-----------------|
|                             | 2023         | 1000   | 2023Dec  | Pay             |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

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## Enrollment

Date & Time: 27/4/2023- 9:17:41 PM

|   | <b>Shri. VITTAL LAXMAN PADATARE</b>  |              |                 |          |                 |      |      |         |     |
|---|--|--------------|-----------------|----------|-----------------|------|------|---------|-----|
| <b>Enrollment Roll No.</b>  | KAR/4736/2022  |              |                 |          |                 |      |      |         |     |
| <b>Enrollment Date</b>  | 02/12/2022   |              |                 |          |                 |      |      |         |     |
| <b>Name</b>   | Shri. VITTAL LAXMAN PADATARE   |              |                 |          |                 |      |      |         |     |
| <b>Gender</b>   | Male   |              |                 |          |                 |      |      |         |     |
| <b>Father Name</b>  | SHRI. LAXMAN   |              |                 |          |                 |      |      |         |     |
| <b>Date of Birth</b>  | 31/08/1996   |              |                 |          |                 |      |      |         |     |
| <b>Blood Group</b>  | O+VE   |              |                 |          |                 |      |      |         |     |
| <b>Category</b>   | General  |              |                 |          |                 |      |      |         |     |
| <b>Place of Practice</b>  | RAIBAG   |              |                 |          |                 |      |      |         |     |
| <b>Area of Practice</b>   | Civil  |              |                 |          |                 |      |      |         |     |
| <b>Communication Address</b>  | GADDE PLOT<br>KANAK NAGAR, RAIBAG(TQ)<br>BELAGAVI(DIST)<br>KARNATAKA-591317  |              |                 |          |                 |      |      |         |     |
| <b>Remarks</b>  |  |              |                 |          |                 |      |      |         |     |
| <b>Enrolled for Welfare Fund Membership?</b>  | YES  |              |                 |          |                 |      |      |         |     |
| <b>Welfare Fund Membership Date</b>   | 02/12/2022   |              |                 |          |                 |      |      |         |     |
| <b>Nominee Name</b>   | LAXMAN RAMAPPA PADATARE  |              |                 |          |                 |      |      |         |     |
| <b>Relationship</b>   | Father   |              |                 |          |                 |      |      |         |     |
| ( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment ) |  |              |                 |          |                 |      |      |         |     |
| <b>Subscription Amount Pending</b>  | <table border="1"> <thead> <tr> <th>Pending Year</th> <th>Amount</th> <th>Due Date</th> <th>Payment Gateway</th> </tr> </thead> <tbody> <tr> <td>2023</td> <td>1000</td> <td>2023Dec</td> <td>Pay</td> </tr> </tbody> </table> | Pending Year | Amount          | Due Date | Payment Gateway | 2023 | 1000 | 2023Dec | Pay |
| Pending Year  | Amount   | Due Date     | Payment Gateway |          |                 |      |      |         |     |
| 2023  | 1000   | 2023Dec      | Pay             |          |                 |      |      |         |     |
| <b>Subscription Amount Paid</b>   | No Paid Details  |              |                 |          |                 |      |      |         |     |
| <b>Claim Amount Paid</b>  | No claim Details   |              |                 |          |                 |      |      |         |     |

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Enrollment

Date &amp; Time: 27/4/2023- 9:18:14 PM



SANKET BHIMANAGOUDA PATIL

Enrollment Roll No. KAR/2846/2021  
 Enrollment Date 24/09/2021  
 Name SANKET BHIMANAGOUDA PATIL  
 Gender Male  
 Father Name BHIMANAGOUDA  
 Date of Birth 13/03/1995  
 Blood Group B+VE  
 Category General  
 Place of Practice BELAGAVI  
 Area of Practice Civil  
 Communication Address CTS NO 4906/48, BASAV NILAYA, TANAJI GALLI, BELAGAVI.

## Remarks

Enrolled for Welfare Fund Membership? YES  
 Welfare Fund Membership Date 24/09/2021  
 Nominee Name BHIMANAGOUDA PATIL  
 Relationship FATHER

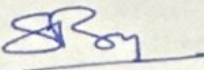
( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

## Subscription Amount Pending

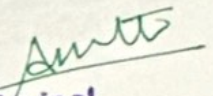
| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1400   | 2023Apr  | Pay.            |
| 2023         | 1000   | 2023Dec  | Pay.            |

Subscription Amount Paid No Paid Details

Claim Amount Paid No claim Details

  
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Date &amp; Time: 27/4/2023- 9:19:33 PM



Shri. AKASH ELUMALADAVARU

Enrollment Roll No. KAR/756/2022  
 Enrollment Date 25/02/2022  
 Name Shri. AKASH ELUMALADAVARU  
 Gender Male  
 Father Name Shri. SHANKARAPPA  
 Date of Birth 12/08/1997  
 Blood Group O-VE  
 Category General  
 Place of Practice BILAGI  
 Area of Practice Civil  
 Communication Address NEKAR GALLI,  
 BILAGI TQ., BAGALKOT DIST.  
 BILAGI  
 KARNATAKA-587116

Remarks

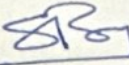
Enrolled for Welfare Fund Membership? YES  
 Welfare Fund Membership Date 25/02/2022  
 Nominee Name RACHAPPA KERUR  
 Relationship Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

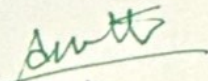
| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
|-----------------------------|--------------|--------|----------|-----------------|
|                             | 2023         | 1000   | 2023Dec  | Pay             |

Subscription Amount Paid No Paid Details

Claim Amount Paid No claim Details

  
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## Enrollment

Date & Time: 27/4/2023- 9:20:52 PM



Shri. TAVAN PATIL

**Enrollment Roll No.** KAR/5372/2022  
**Enrollment Date** 08/12/2022  
**Name** Shri. TAVAN PATIL  
**Gender** Male  
**Father Name** Shri. KALAGOUD  
**Date of Birth** 24/12/1998  
**Blood Group** B+VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** #4370/A1, CHAVATH GALLI  
HUKKERI(TQ), BELAGAVI(DIST)  
BELAGAVI  
KARNATAKA-590001  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 08/12/2022  
**Nominee Name** ASHA K PATIL  
**Relationship** Mother

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
|-----------------------------|--------------|--------|----------|-----------------|
|                             | 2023         | 1000   | 2023Dec  | Pay             |

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## Enrollment

Date & Time: 27/4/2023- 9:22:02 PM



Shri. KRISHNA KUMAR JOSHI

Enrollment Roll No. KAR/5285/2022  
 Enrollment Date 08/12/2022  
 Name Shri. KRISHNA KUMAR JOSHI  
 Gender Male  
 Father Name Shri. KAMAL KISHORE  
 Date of Birth 21/04/1998  
 Blood Group A+VE  
 Category General  
 Place of Practice BELAGAVI  
 Area of Practice Civil  
 Communication Address CCB, NO73,'SOUHARDA'  
 MAHATMA FULE ROAD,, SHAHAPURA  
 BELAGAVI  
 KARNATAKA-

Remarks

Enrolled for Welfare Fund Membership? YES  
 Welfare Fund Membership Date 08/12/2022  
 Nominee Name KAMAL KISHORE JOSHI  
 Relationship Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
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|                             | 2023         | 1000   | 2023Dec  | Pay             |

Subscription Amount Paid No Paid Details

Claim Amount Paid No claim Details

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## Enrollment

Date & Time: 27/4/2023- 9:22:52 PM



Smt. RADHIKA AMBETKAR

|                                       |   |
|---------------------------------------|---|
| Enrollment Roll No.                   | KAR/5488/2022   |
| Enrollment Date                       | 08/12/2022  |
| Name                                  | Smt. RADHIKA AMBETKAR   |
| Gender                                | Female  |
| Father Name                           | Shri. JOTIBA  |
| Date of Birth                         | 03/12/1999  |
| Blood Group                           | B+VE  |
| Category                              | General   |
| Place of Practice                     | BELAGAVI  |
| Area of Practice                      | Civil   |
| Communication Address                 | NO.108/2, CHAWAT GALLI,<br>SANTIBASTWAD(TQ), BELAGAVI(BIST)<br>BELAGAVI<br>KARNATAKA-590014 |
| Remarks                               |   |
| Enrolled for Welfare Fund Membership? | YES   |
| Welfare Fund Membership Date          | 08/12/2022  |
| Nominee Name                          | JUOTIBA KRISHNA AMBETKAR  |
| Relationship                          | Father  |

( Contact Mrs. Padma,Staff, KSBC (080-22866712) for any technical problem or double payment )

| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
|-----------------------------|--------------|--------|----------|-----------------|
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Enrollment

Date &amp; Time: 27/4/2023- 9:23:18 PM



Smt. SHIVANI MURARI

Enrollment Roll No. KAR/5226/2022  
 Enrollment Date 08/12/2022  
 Name Smt. SHIVANI MURARI  
 Gender Female  
 Father Name Shri. ARUN PARASHURAM MURARI  
 Date of Birth 19/08/1997  
 Blood Group B+VE  
 Category General  
 Place of Practice GOKAK  
 Area of Practice Civil  
 Communication Address NIRMAL, #180/C, PLOT NO,12,  
 1ST CROSS, SHIVANAGAR,, GOKAK  
 BELAGAVI  
 KARNATAKA-591307

Remarks

Enrolled for Welfare Fund Membership? YES  
 Welfare Fund Membership Date 08/12/2022  
 Nominee Name ARUN MURARI  
 Relationship Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

Subscription Amount Pending

| Pending Year | Amount | Due Date | Payment Gateway |
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Enrollment

Date &amp; Time: 27/4/2023- 9:23:58 PM



Smt. SUSHIMA BIDARI

**Enrollment Roll No.** KAR/5370/2022  
**Enrollment Date** 08/12/2022  
**Name** Smt. SUSHIMA BIDARI  
**Gender** Female  
**Father Name** Shri. SHIVANAND  
**Date of Birth** 17/12/1998  
**Blood Group** O-VE  
**Category** General  
**Place of Practice** KITTUR  
**Area of Practice** Civil  
**Communication Address** #395, PETE ONI,  
AT/PO, DEVARASIGEHALLI (P), KITTUR(TQ)  
BELAGAVI(DIST)  
KARNATAKA-591153  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 08/12/2022  
**Nominee Name** SHIVANAND BIDARI  
**Relationship** Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

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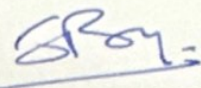
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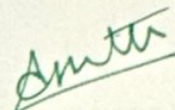
No Paid Details

Claim Amount Paid

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### Enrollment

Date & Time: 27/4/2023- 9:25:08 PM



Smt. PRIYA DUNDAYYA HIREMATH

**Enrollment Roll No.** KAR/5387/2022  
**Enrollment Date** 08/12/2022  
**Name** Smt. PRIYA DUNDAYYA HIREMATH  
**Gender** Female  
**Father Name** Shri. DUNDAYYA  
**Date of Birth** 12/02/1999  
**Blood Group**  
**Category** General  
**Place of Practice** ATHANI  
**Area of Practice** Civil  
**Communication Address** NEAR KUMBAR BHAVI  
ATHANI(TQ), BELAGAVI(DIST)  
BELAGAVI  
KARNATAKA-591304  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 08/12/2022  
**Nominee Name** UMESH. G. HIREMATH  
**Relationship** Uncle

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

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**Enrollment**

Date &amp; Time: 27/4/2023- 9:27:03 PM



Smt. SHREYA KULKARNI

**Enrollment Roll No.** KAR/4897/2022  
**Enrollment Date** 02/12/2022  
**Name** Smt. SHREYA KULKARNI  
**Gender** Female  
**Father Name** Shri. SHIRISH  
**Date of Birth** 27/07/1999  
**Blood Group** O+VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** NO,233/1 GANAPATIGALLI,  
HINDALGA, BELAGAVI  
BELAVAGI  
KARNATAKA-591108  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 02/12/2022  
**Nominee Name** SHRUTI KULKARNI  
**Relationship** Mother

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

Subscription Amount Pending

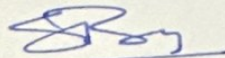
| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2023         | 1000   | 2023Dec  | Pay             |

Subscription Amount Paid

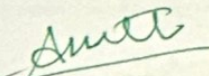
No Paid Details

Claim Amount Paid

No claim Details

  
**Y.Q.A.C. Coordinator**  
**R.L. Law College,**  
**Belagavi**



  
**Principal**  
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KAWF  
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New Enrollment(Click  
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Election  
2018  
(election\_2018.php)

HOME (index.php) MEMBER LIST WELFARE FUND SECTION ENROLLMENT SECTION LAW ACADEMY SECTION ACT & RULES COP SECTION (copsection.php)

CONTACT US (contact.php)

Print

## Enrollment

Date & Time: 29/4/2023- 10:56:19 AM



Smt. SANGITA BHALEKAR

**Enrollment Roll No.** KAR/2205/2019  
**Enrollment Date** 30/08/2019  
**Name** Smt. SANGITA BHALEKAR  
**Gender** Female  
**Father Name** Shri. PRABUDAS R. BHALEKAR  
**Date of Birth** 04/10/1995  
**Blood Group** O+VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** H NO 549, VENKTESH NAGAR MUTGA  
BELAGAVI TALUK, BELAGAVI DISTRICT  
BELAGAVI  
KARNATAKA-591124  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 30/08/2019  
**Nominee Name** PRABUDAS. R. BHALEKAR  
**Relationship** Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

| Subscription Amount Pending | Pending Year | Amount | Due Date | Payment Gateway |
|-----------------------------|--------------|--------|----------|-----------------|
|                             | 2023         | 1000   | 2023Dec  | Pay             |

| Subscription Amount Paid | Paid Year | Paid Amount | Amount Paid On |
|--------------------------|-----------|-------------|----------------|
|                          | 2020      | 1000        | 18/12/2020     |
|                          | 2021      | 1000        | 08/12/2021     |
|                          | 2022      | 1000        | 14/10/2022     |

**Claim Amount Paid** No claim Details

Roll No

Search

### MEMBERSHIP DETAILS

Name

Roll No

Place of Practice

Search

**Advocate! Need any help?**  
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Law Academy

Name

Roll No

Contact No

Ask

Click here to view Existing Queries  
(existing\_query.php)

Online Payment Print Receipt





Enrollment

Date &amp; Time: 8/1/2022- 4:12:57 PM

**SACHCHIDANAND BABAJI PATIL P**

**Enrollment Roll No.** KAR/449/2021  
**Enrollment Date** 05/02/2021  
**Name** SACHCHIDANAND BABAJI PATIL P  
**Gender** Male  
**Father Name** BABAJI  
**Date of Birth** 06/09/1994  
**Blood Group** B+VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** Sachchidanand. B.Patil C/O: B.S.PATIL (Retd Lecturer) Near Laxmi Temple, Vidya Nagar - Hebbal Tq: Hukkeri , Dist : Belagavi PIN 591221  
**Remarks** -  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 05/02/2021  
**Nominee Name** BABAJI SHETIGOUDA PATIL  
**Relationship** FATHER

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay</b>      |

**Subscription Amount Paid** No Paid Details**Claim Amount Paid** No claim Details

*Signature*  
 R.L. Law College,  
 Belagavi



*Signature*  
 Principal  
 R.L. Law College  
 BELAGAVI

Enrollment

Date &amp; Time: 8/1/2022- 4:13:42 PM



CHAVAN SACHIN

**Enrollment Roll No.** KAR/279/2021  
**Enrollment Date** 05/02/2021  
**Name** CHAVAN SACHIN  
**Gender** Male  
**Father Name** SURYAKANT CHAVAN  
**Date of Birth** 11/02/1980  
**Blood Group** O+VE  
**Category** SC/ST  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** H.NO 752/2 , 2ND CROSS BHAGYA NAGAR BELGAUM.590006  
 -  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 05/02/2021  
**Nominee Name** PRAMILA CHAVAN  
**Relationship** WIFE


( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

Subscription Amount Pending


| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay</b>      |

Subscription Amount Paid No Paid Details

Claim Amount Paid No claim Details

  
**I.Q.A.C. Coordinator**  
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 BELAGAVI

Enrollment

Date &amp; Time: 8/1/2022- 4:14:08 PM

**VINAYAK KALLAPPA NINGANURE**

**Enrollment Roll No.** KAR/1251/2021  
**Enrollment Date** 19/02/2021  
**Name** VINAYAK KALLAPPA NINGANURE  
**Gender** Male  
**Father Name** KALLAPPA  
**Date of Birth** 04/05/1995  
**Blood Group** O-VE  
**Category** General  
**Place of Practice** RAIBAG  
**Area of Practice** Civil  
**Communication Address** A/P: LAXMI GALLI ,YADRAV -591317, Tq: RAIBAG, DIST: BELAGAVI.  
**Remarks** -  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 19/02/2021  
**Nominee Name** GANAPATI K NINGANURE  
**Relationship** BROTHER

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay</b>      |

**Subscription Amount Paid** No Paid Details**Claim Amount Paid** No claim Details

**I.Q.A.C. Coordinator**  
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Enrollment

Date &amp; Time: 8/1/2022- 4:15:09 PM



MEGHA SOMANNAVAR

**Enrollment Roll No.** KAR/214/2021  
**Enrollment Date** 29/01/2021  
**Name** MEGHA SOMANNAVAR  
**Gender** Female  
**Father Name** MALLIKARJUN  
**Date of Birth** 25/02/1997  
**Blood Group** A+VE  
**Category** General  
**Place of Practice** BAILAHONGAL  
**Area of Practice** Civil  
**Communication Address** D/O: Mallikarjun, 697A/20/2, Prabhu Nagar 2nd Cross behind court Bailhongal dist: Belagavi 591102  
**Remarks** -  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 29/01/2021  
**Nominee Name** Dinesh B Kadeli  
**Relationship** Maternal Uncle


( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay</b>      |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

  
**I.Q.A.C. Coordinator**  
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Enrollment

Date &amp; Time: 8/1/2022- 4:16:03 PM



Shri. PAVAN NAYAK

**Enrollment Roll No.** KAR/1822/2021  
**Enrollment Date** 26/03/2021  
**Name** Shri. PAVAN NAYAK  
**Gender** Male  
**Father Name** Shri. NAGENDRA  
**Date of Birth** 01/06/1993  
**Blood Group** AB+VE  
**Category** ST  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** # 349/3A,  
NAYAK GALLI, , SANTIBASTWAD,  
BELAGAVI  
KARNATAKA-590014  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 26/03/2021  
**Nominee Name** NAGENDRA. B. NAYAK  
**Relationship** Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay</b>      |


**Subscription Amount Paid**

| Paid Year | Paid Amount | Amount Paid On |
|-----------|-------------|----------------|
|           |             |                |


**Claim Amount Paid**

No claim Details

| Claim Type | Resolution No | Resolution Date | Description | Claim Amount |
|------------|---------------|-----------------|-------------|--------------|
|            |               |                 |             |              |

  
**I.Q.A.C. Coordinator**  
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Enrollment

Date &amp; Time: 8/1/2022- 4:16:41 PM



SUNIL KHOT

**Enrollment Roll No.** KAR/940/2021  
**Enrollment Date** 12/02/2021  
**Name** SUNIL KHOT  
**Gender** Male  
**Father Name** RAVASAB KHOT  
**Date of Birth** 01/09/1996  
**Blood Group** B+VE  
**Category** General  
**Place of Practice** ATHANI  
**Area of Practice** Civil  
**Communication Address** AT POST RADDERAHATTI TQ ATHANI DIST BELAGAVI  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 12/02/2021  
**Nominee Name** TIMMANNA BASAGOUDA KHOT  
**Relationship** UNCLE

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | Pay             |

**Subscription Amount Paid**


| Paid Year | Paid Amount | Amount Paid On |
|-----------|-------------|----------------|
|           |             |                |

**Claim Amount Paid**

No claim Details

  
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**Enrollment**

Date &amp; Time: 8/1/2022- 4:18:10 PM

**Smt. MADHURI KALLAPPA PATIL**

**Enrollment Roll No.** KAR/3364/2021  
**Enrollment Date** 08/10/2021  
**Name** Smt. MADHURI KALLAPPA PATIL  
**Gender** Female  
**Father Name** Shri. KALLAPPA PATIL  
**Date of Birth** 07/04/1996  
**Blood Group** B+VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** AT/POST HANDIGANUR  
 BELAGAVI TQ. & DIST.,  
 BELAGAVI  
 KARNATAKA-591143  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 08/10/2021  
**Nominee Name**  
**Relationship** Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay</b>      |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

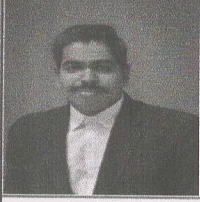
  
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Enrollment

Date &amp; Time: 8/1/2022- 4:19:26 PM

**SANDESH SHEGUNSHI**


**Enrollment Roll No.** KAR/1011/2021  
**Enrollment Date** 12/02/2021  
**Name** SANDESH SHEGUNSHI  
**Gender** Male  
**Father Name** SHRINIVAS  
**Date of Birth** 14/07/1997  
**Blood Group** O+VE  
**Category** General  
**Place of Practice** BANAHATTI  
**Area of Practice** Civil  
**Communication Address** SANDESH SHEGUNSHI KILLA BHAG, TERDAL - 587315 TQ : RABAKAVI - BANAHATTI DIST : BAGALKOT  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 12/02/2021  
**Nominee Name** SHRINIVAS SHEGUNSHI  
**Relationship** FATHER

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay.</b>     |

**Subscription Amount Paid** No Paid Details**Claim Amount Paid** No claim Details

  
**I.Q.A.C. Coordinator**  
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 BELAGAVI



Enrollment

Date &amp; Time: 8/1/2022- 4:20:22 PM

**Smt. CHAITANYA SHIVANAND GACHHI**

**Enrollment Roll No.** KAR/4629/2021  
**Enrollment Date** 26/11/2021  
**Name** Smt. CHAITANYA SHIVANAND GACHHI  
**Gender** Female  
**Father Name** Shri. SHIVANAND  
**Date of Birth** 11/03/1997  
**Blood Group** B+VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** EKADANTH RESIDENCY,  
ADITYA WING, F2, RAGHUNATH PET., ANGOL,  
BELAGAVI  
KARNATAKA-590006  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 26/11/2021  
**Nominee Name** SHIVANAND GACCHI  
**Relationship** Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**


| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay.</b>     |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

  
**I.Q.A.C. Coordinator**  
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BELAGAVI

Enrollment

Date &amp; Time: 8/1/2022- 4:21:36 PM



Shri. ROHIT NAGESH LATUR

**Enrollment Roll No.** KAR/3901/2021  
**Enrollment Date** 29/10/2021  
**Name** Shri. ROHIT NAGESH LATUR  
**Gender** Male  
**Father Name** Shri. NAGESH  
**Date of Birth** 19/05/1998  
**Blood Group** A+VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** PLOT NO. 1871,  
 SECTOR 10, ASTAVJNA YAKMARG,, ANJANEYA NAGAR,  
 BELAGAVI  
 KARNATAKA-590016  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 29/10/2021  
**Nominee Name** SUJATA  
**Relationship** Mother


( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**


| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay.</b>     |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

  
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Enrollment

Date &amp; Time: 8/1/2022- 4:36:20 PM



Shri. VIJAYKUMAR YALLAPPA BUDRI

**Enrollment Roll No.** KAR/4206/2021  
**Enrollment Date** 12/11/2021  
**Name** Shri. VIJAYKUMAR YALLAPPA BUDRI  
**Gender** Male  
**Father Name** Shri. YALLAPPA  
**Date of Birth** 08/07/1997  
**Blood Group** B+VE  
**Category** ST  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** H.NO. 223, DURGA DEVI GALLI,  
SANTIBASTWAD, BELAGAVI TQ. & DIST.  
BELAGAVI  
KARNATAKA-590018  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 12/11/2021  
**Nominee Name** LAXMI YALLAPPA BUDRI  
**Relationship** Mother

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

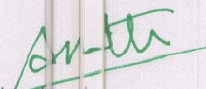
| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay.</b>     |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

  
**I.Q.A.C. Coordinator**  
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Enrollment

Date &amp; Time: 8/1/2022- 4:29:12 PM



Smt. HARSHA GIRISH WAGH

**Enrollment Roll No.** KAR/4309/2021  
**Enrollment Date** 12/11/2021  
**Name** Smt. HARSHA GIRISH WAGH  
**Gender** Female  
**Father Name** Shri. GIRISH MAHARUDRA WAGH  
**Date of Birth** 13/10/1998  
**Blood Group** O+VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** PLOT NO. 156,  
CAUVERY NAGAR,,  
BELAGAVI  
KARNATAKA-590006  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 12/11/2021  
**Nominee Name** GIRISH. M. WAGH  
**Relationship** Father

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**


| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay</b>      |

**Subscription Amount Paid**


No Paid Details

**Claim Amount Paid**

No claim Details

  
**I.Q.A.C. Coordinator**  
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 BELAGAVI

Enrollment

Date &amp; Time: 8/1/2022- 4:25:47 PM

**OM VIJAYKUMAR HONAMANI**

**Enrollment Roll No.** KAR/3439/2021  
**Enrollment Date** 08/10/2021  
**Name** OM VIJAYKUMAR HONAMANI  
**Gender** Male  
**Father Name** VIJAYKUMAR HONAMANI  
**Date of Birth** 03/09/1997  
**Blood Group** A+VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** H.NO -#190, KACHERI GALLI, HONAGA. BELAGAVI- 591156  
  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 08/10/2021  
**Nominee Name** JAYASHRI HONAMANI  
**Relationship** MOTHER

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

OneTimeMember

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
|              |        |          |                 |


**Subscription Amount Paid**

| Paid Year | Paid Amount | Amount Paid On |
|-----------|-------------|----------------|
|           |             |                |

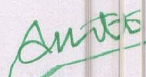
**Claim Amount Paid**

No claim Details

| Claim Type | Resolution No | Resolution Date | Description | Claim Amount |
|------------|---------------|-----------------|-------------|--------------|
|            |               |                 |             |              |

  
 I.Q.A.C. Coordinator  
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Enrollment

Date &amp; Time: 8/1/2022- 4:29:43 PM



Shri. SOURABH JAGADISH PATIL

**Enrollment Roll No.** KAR/3613/2021  
**Enrollment Date** 29/10/2021  
**Name** Shri. SOURABH JAGADISH PATIL  
**Gender** Male  
**Father Name** Shri. JAGADISH M PATIL  
**Date of Birth** 04/08/1991  
**Blood Group** O+VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** LIG:133, KHBMAHANTESH NAGARBELAGAVI-590017  
 ,  
 KARNATAKA-  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 29/10/2021  
**Nominee Name** JAGADISH M PATIL  
**Relationship** FATHER


( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

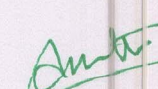
| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay.</b>     |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

  
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 Belagavi



  
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 BELAGAVI

Enrollment

Date &amp; Time: 8/1/2022- 4:31:14 PM



Smt. VEENA SURESH MUTALIK

**Enrollment Roll No.** KAR/280/2021  
**Enrollment Date** 05/02/2021  
**Name** Smt. VEENA SURESH MUTALIK  
**Gender** Female  
**Father Name** Shri. SURESH MUTALIK  
**Date of Birth** 21/04/1980  
**Blood Group** A-VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** ANAND JOSHI, SHIVAPRASAD APARTMENT, FLAT NO.5 & 6, BHAGYANAGAR,  
 10TH CROSS, BELAGAVI  
 KARNATAKA-  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 05/02/2021  
**Nominee Name** ANAND K JOSHI  
**Relationship** HUSBAND


( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

Subscription Amount Pending


| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay</b>      |

Subscription Amount Paid No Paid Details

Claim Amount Paid No claim Details

  
**I.Q.A.C. Coordinator**  
 R.L. Law College,  
 Belagavi



  
**Principal**  
 R.L. Law College  
 BELAGAVI

Enrollment

Date &amp; Time: 8/1/2022- 4:33:01 PM



Smt. NILAM MANOHAR PATIL

**Enrollment Roll No.** KAR/485/2021  
**Enrollment Date** 05/02/2021  
**Name** Smt. NILAM MANOHAR PATIL  
**Gender** Female  
**Father Name** Shri. MANOHAR  
**Date of Birth** 01/07/1995  
**Blood Group** B-VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** #553/B LAXMI NAGARDHAMANE S BELAGAVITQ:BELAGAVIDIST:BELAGAVI  
, KARNATAKA-  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 05/02/2021  
**Nominee Name** MANOHAR PATIL  
**Relationship** FATHER


( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

Subscription Amount Pending

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay.</b>     |

Subscription Amount Paid No Paid Details

Claim Amount Paid No claim Details

  
I.Q.A.C. Coordinator  
R.L. Law College,  
Belagavi



  
Principal  
R.L. Law College  
BELAGAVI



**Enrollment**

Date &amp; Time: 8/1/2022- 4:00:25 PM

**Smt. KOMAL KANBARKAR**

**Enrollment Roll No.** KAR/814/2021

**Enrollment Date** 12/02/2021

**Name** Smt. KOMAL KANBARKAR

**Gender** Female

**Father Name** Shri. MOHAN

**Date of Birth** 08/06/1994

**Blood Group** A+VE

**Category** General

**Place of Practice** BELAGAVI

**Area of Practice** Civil

**Communication Address** H. N.209 Bharat Nagar,4th CrossShahapur,Belgavi  
,  
KARNATAKA-

**Remarks**

**Enrolled for Welfare Fund Membership?** YES

**Welfare Fund Membership Date** 12/02/2021

**Nominee Name** Bharati Kanbarkar

**Relationship** Mother

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay</b>      |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

*[Signature]*  
I.Q.A.C. Coordinator  
R.L. Law College,  
Belagavi



*[Signature]*  
Principal  
R.L. Law College  
BELAGAVI

Enrollment

Date &amp; Time: 8/1/2022- 4:32:15 PM



Shri. SNEHA KAMBLE

**Enrollment Roll No.** KAR/1531/2021  
**Enrollment Date** 05/03/2021  
**Name** Shri. SNEHA KAMBLE  
**Gender** Female  
**Father Name** Shri. SURESH  
**Date of Birth** 16/03/1995  
**Blood Group** O+VE  
**Category** SC/ST  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** H NO 2293 2ND CROSS MELAGE CHAOL BHARAT NAGAR VADAGAON M  
 BELAGAUM  
 /  
 KARNATAKA-  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 05/03/2021  
**Nominee Name** KASTURI KAMBLE  
**Relationship** MOTHER

( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**

| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay.</b>     |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

I.Q.A.C. Coordinator  
R.L. Law College,  
Belagavi



*Anita*  
Principal  
R.L. Law College  
BELAGAVI

Enrollment

Date &amp; Time: 8/1/2022- 3:50:24 PM



Shri. BHARATI GOPAL KAGGODI

**Enrollment Roll No.** KAR/4473/2021  
**Enrollment Date** 26/11/2021  
**Name** Shri. BHARATI GOPAL KAGGODI  
**Gender** Female  
**Father Name** Shri. GOPAL  
**Date of Birth** 20/06/1993  
**Blood Group** AB-VE  
**Category** General  
**Place of Practice** BELAGAVI  
**Area of Practice** Civil  
**Communication Address** BHARATI W/O PRAVEEN GANGAI HOME NUMBER 64 A GANGAI GALLI  
 MAJAGAON BELAGAVI PIN 590008  
 /  
 KARNATAKA-  
**Remarks**  
**Enrolled for Welfare Fund Membership?** YES  
**Welfare Fund Membership Date** 26/11/2021  
**Nominee Name** PRAVEEN GANGAI  
**Relationship** HUSBAND


( Contact Mrs. Padma,Staff, KSBC (080-22868712) for any technical problem or double payment )

**Subscription Amount Pending**


| Pending Year | Amount | Due Date | Payment Gateway |
|--------------|--------|----------|-----------------|
| 2022         | 1000   | 2022Dec  | <b>Pay</b>      |

**Subscription Amount Paid** No Paid Details

**Claim Amount Paid** No claim Details

  
 I.Q.A.C. Coordinator  
 R.L. Law College,  
 Belagavi



  
 Principal  
 R.L. Law College  
 BELAGAVI