

FORM III - A
(See Rule 6)

FORM FOR CLAIMING PENSION BY THE WIFE OF A DECEASED MEMBER

Name of the (Widow Pensioner) :
(in block letters)

Name of her husband :
(i.e., deceased Legislator) :

Permanent Residential Address :

HEAD OF ACCOUNT

2071	- Pension and other Retirement Benefits
01	- Civil M.H.
111	- Pension to Legislators
04	- Pensions to Legislators
040	- Pensionary Charges
041	- Pensions

Pension Sanction Order No. :

Name of the Pensioner (In block letters) :

Pension per month : Rs. (Rupees) only

Received a sum of Rs. (Rupees) only

being my pension in accordance with the Legislator's Widow's Pension Sanction Order No. :
for the month/months of 20.

Dated the 20.

Not Payable before 20.

Passed for Rs.
Rupees :

Assistant Secretary,
Andhra Pradesh
Legislative Assembly.

Signature or
thumb impression

Re. 1-00
Revenue
Stamp

DECLARATION

(1) I declare that I am not in receipt of any salary or pension or remuneration from the Central Government or the State Government or any Corporation owned or controlled by the Central Government or the State Government or any Local Authority.

(2) I declare that I am not re-elected to the Parliament or to the Andhra Pradesh Legislative Assembly or any other State Legislature and I am not a sitting Member of the Parliament or the Andhra Pradesh Legislative Assembly or of any other State Legislature.

(3) I declare that I am not re-married.

Signature of the Pensioner.

AUTHORISATION

(In the case of Pensioners who desire the Pension amount to be credited to her Bank Account)

Please pay to Bank (Branch)
(Account No.)

Signature of the Pensioner.