

HRA

FORM - I

To
The Secretary,
Legislative Assembly,
Velagapudi,
Andhra Pradesh.

Sir,

Sub: APLA - Hostels- Payment of Accommodation Allowance – Request – Reg.

- Ref: 1. The Members of Andhra Pradesh Legislature (Provision of Accommodation) Rules, 1974.
2. G.O.Ms.No.50, Legislature (Hostels) Secretariat, Dt:16-08-1989.
3. G.O.Ms.No.45, Legislature (Hostels) Secretariat, Dt:16-06-1992.
4. G.O.Ms. No.120, G.A. (Accomm.) Department, Dt:20.05.2016.
5. Act No.12 of 2016, Dt:05.05.2016

I declare that I have neither asked for Rent free accommodation under Sub-Rule (2) of Rule 3 of above Rules with effect from _____ nor do I require that accommodation during the remaining term of my Membership of the Andhra Pradesh Legislative Assembly.

I, therefore, request you to issue a certificate under Sub Rule (2) of Rule 3 of above Rules to enable me to claim Accommodation Allowance @ Rs.50,000/- per month.

Yours faithfully,

Name of the Member and Sl. No.