

LIST OF DOCUMENTS TO BE SUBMITTED
FOR SANCTION OF FAMILY PENSION

1. Covering letter addressed to the Secretary
General, A.P.L.A. Block-VI, Velagapudi,
Amaravathi.
2. Death Certificate (Original).
3. Legal Heir Certificate & Family Members
Certificate. (Original copy duly attested by
any gazetted officer).
4. Passport size photo of the applicant
(4 Photos).
5. Affidavit duly Notarized (on Rs.10 stamp
paper).
6. I.D. proof of the applicant. (Aadhaar Card)
7. I.D. Card of the Ex. Legislator/spouse (to be
returned).
8. Details of the bank account opened in
SBI/any other Nationalized Bank (furnish a
copy of pass book).

Form - I A
(See rule 4)

PENSION APPLICATION FOR USE OF THE WIFE OF A DECEASED LEGISLATOR

1. Name of the Applicant :
(in Block Letters)

2. Name of the deceased Legislator :
(in Block Letters)

3. Permanent residential address
Showing village or town and
District :

Particulars of the period during which	(a) Legislative Assembly
the applicant's husband served as a	(1) From to
Member in accordance with Section	(2)
11D of the Andhra Pradesh Payment	(3)
of Salaries and Pension and Removal of	(b) Legislative Council
Dis-Qualifications Act, 1953:	(1) From to
	(2)
	(3)
	(c) Legislative Assembly/Council
	From to

4. Constituency

5. Identification marks (1)
of the application: (2)

6. Whether three copies of passport size photographs of the applicant
Are enclosed:

7. Whether four specimen signatures, duly attested are enclosed:

8. Date of death of the deceased Legislator.

9. Whether the applicant's husband was receipt of Ex. Legislator's Pension; if so, mention the L.P.P.O. No. and date;
10. Whether the applicant desires the pension to be paid by cheque Or to be credited to her account in a scheduled Bank; and if so, the name of the Bank, place and account number, to be specified:
11. Whether the applicant is in receipt of any salary of pension either 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; if so give particulars of the same.

I certify that all the particulars furnished above are true and correct to the best of my knowledge.

Place :

Applicant

Date :

Signature of the
Applicant

TO
The Secretary General,
Legislature Secretariat,
Block - 6, Velagapudi,
Amaravathi.

* This should be attested by a sitting member or former member of the Andhra Pradesh Legislative Assembly/Andhra Pradesh Legislative Council who is drawing pension or by a Gazetted Officer of the State Government.

FORM-IV
(SEE RULE 10)

CERTIFICATE

Certified that Smt.age.....
Years resident of H.No.....Ward No.....Locality.....
..... Village.....Mandal.....
District..... is the wife of late Sri
former member of the Andhra Pradesh Legislative Assembly from.....
to..... Andhra Pradesh Legislative Council from.....
to..... From.....Constituency of.....
.....District.....

Certified further that Smt.Wife
of Late Sriis not re-married after the death of her husband.

Place:

Date:

Signature
(Tahsildar)

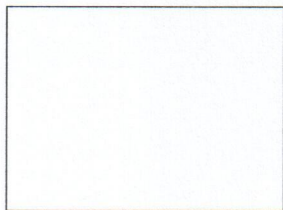
.....
* This should be attested by a sitting member or former member of the
Andhra Pradesh Legislative Assembly/Andhra Pradesh Legislative Council who is drawing
pension or by a Gazetted Officer of the State Government.

WIDOW PENSIONER'S VERIFICATION CERTIFICATE

Latest photo of
the Pensioner to
be attested by a
Tahsildar

- 1. Name of the Pensioner Smt.
- 2. W/o. Late (Sri)
- 3. Date of birth
- 4. P.S.O.No.
- 5. Term/Tenure
- 6. Name of the Bank.....
- 7. Bank account No.
- 8. Present residential address
-
-
-
- Phone No.

Certificate that I have seen the above pensioner as on
and she alive on this date. The particulars furnished above are true and true to the
best of my knowledge.



Left hand thumb
Impression of the
Pensioner

OR

(Signature of the pensioner)
Signed before me

Signature of the
Tahsildar
(with name, date and seal)

.....
FOR OFFICIAL USE ONLY

SPECIMEN SIGNATURES

1.

2.

Attested by Gazetted Officer(Tahsildar)
(With stamp)

3.

SPECIMEN SIGNATURES

1.

2.

Attested by Gazetted Officer(Tahsildar)
(With stamp)

3.

SPECIMEN SIGNATURES

1.

2.

Attested by Gazetted Officer(Tahsildar)
(With stamp)

3.

SPECIMEN SIGNATURES

1.

2.

Attested by Gazetted Officer(Tahsildar)
(With stamp)

3.

AFFADAVIT

I _____, W/o. Late _____, Ex.MLA/MLC
Aged about _____, years R/o. _____ do
hereby solemnly affirm and state on oath as follows:-

1. That I am the deponent herein and as such I am well acquainted with the facts of this affidavit.
2. That my husband Late _____, Ex.MLA/MLC
Expired on _____, leaving behind the following as
legal heir/family member.
3. That the above particulars regarding successors of my deceased
husband Late _____, Ex.MLA/MLC who died on
_____ which is true and correct to the best of my knowledge
and belief. The said successors are only the legal and successors.

If at any points of time, it is detected that I have obtained this certificate by wrongful means. I may be penalized under relevant sections of IPC, and, I forfeit all benefits claimed under certificate.

Sworn and signed before me

On this the ____ day of ____, ____.

At _____.

DEPONENT.

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 :
Deceased Legislator)
Permanent Residential Address :

HEAD OF ACCOUNT

2071 - Pension and other Retirement Benefits 01 - Civil M.H. 111 - Pension to Legislators SH(04)- Pensions to Legislators 040 - Pensionary Charges 041 - Pensions
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Pension Sanction Order No. :
Name of the Pensioner (In block letters) :
Pension per month: Rs. _____ /- (Rupees _____ only)
Received a sum of Rs. _____ (in words) (Rupees _____)
being my pension in accordance with the Legislator's Widow's Pension Sanction Order No. :
for the month / months of _____
Dated the _____ 20__ .
Not Payable before _____ 20__ .

Passed for Rs. _____ Rupees _____

Assistant Secretary
Andhra Pradesh Legislative Assembly

(_____)
Signature or thumb impression

DECLARATION

- (1) I declare that I am not in receipt of any salary 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 have not been 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 or thumb impression.

AUTHORISATION

(In the case of pensioners who desire the pension amount to be credited to his/her Bank Account)

Please Pay to :
Name of the Bank :
Name of the Branch :
Account No :
IFSC CODE :

(_____)
Signature or thumb impression.