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).


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 the applicant’s husband served as a
   Member in accordance which Section
   11D of the Andhra Pradesh Payment
   of Salaries and Pension and Removal of
   Dis-Qualifications Act, 1953:

   (a) Legislative Assembly
   (1) From .......... to ..........
   (2)
   (3)

   (b) Legislative Council
   (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 :

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 Sri ..........................................is 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

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.

[Box]

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.

(P.T.O)
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

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

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.

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.