

LIST OF DOCUMENTS TO BE SUBMIT FOR SANCTION OF WIDOW PENSION.

1. COVERING LETTER ADDRESSED TO THE SECRETARY, A.P.L.A. HYDERABAD.
2. DEATH CERTIFICATE ORIGINAL.
3. LEGAL HEIR CERTIFICATE / FAMILY MEMBERS CERTIFICATE (ORIGINAL OR XEROX COPY DULY ATTESTED).
4. PASSPORT SIZE PHOTO OF THE APPLICANT (4 PHOTOS).
5. ONE JOINT PHOTOGRAPH
6. AFFADAVIT DULY NOTORISED (RS.10 STAMP PAPER).
7. I.D. PROOF OF THE APPLICANT .
8. RETURN OF I.D. CARD OF THE EX-LEGISLATOR / SPOUSE.
9. SAVINGS BANK ACCOUNT OF STATE BANK OF HYDERABAD, ANY BRANCH, OR ANY OTHER NATIONALISED BANK.

**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 with 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/Legislative Council

From ..... to .....

4. A. Constituency .....
5. Identification marks (1)  
of the applicant: (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.

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9. Whether the applicant's husband was in receipt of Legislator's pension; if so, mention the L.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 or 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 :

Signature of the Applicant.

Date :

To  
The Secretary,  
Legislature Department,  
Public Gardens,  
Hyderabad.

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\*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 meber 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-merried after the death of her husband.

Place :  
  
Date :

Signature

\*This should be issued 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.



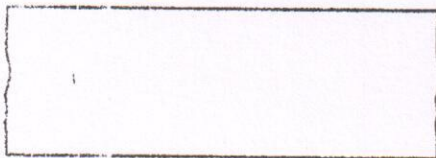
## WIDOW PENSIONER'S VERIFICATION CERTIFICATE

Latest  
Photo of the  
Pensioner to  
be attested by a  
M.R.O

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

Phone No. ....

Certified that I have seen the above pensioner as on ..... and sh  
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  
M.R.O  
(with name, date and seal)

FOR OFFICIAL USE ONLY

**SPECIMEN SIGNATURES**

1.

2.

3.

**Attested by (with stamp)**

M. R. O

**SPECIMEN SIGNATURES**

1.

2.

3.

**Attested by (with stamp)**

M. R. O

**SPECIMEN SIGNATURES**

1.

2.

3.

**Attested by (with stamp)**

M. R. O

**SPECIMEN SIGNATURES**

1.

2.

3.

**Attested by (with stamp)**

M. R. O



(6)

AFFADAVIT

I \_\_\_\_\_, W/O. LATE \_\_\_\_\_,  
\_\_\_\_\_, Ex.MLA/Ex.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 hunband Late. \_\_\_\_\_,  
Ex.MLA/Ex.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/Ex.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.

Contd.....2.

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 this certificate.

Sworn and signed before me  
On this the 6<sup>th</sup> day of July, 2012,  
At Hyderabad.

DEPONENT.