

**FORM - I****FORM OF APPLICATION FOR THE GRANT OF PENSION TO EX-MEMBERS OF THE LEGISLATIVE ASSEMBLY, DELHI :**

1. Name of Applicant : \_\_\_\_\_  
(In block letters)
2. Father's/Husband's Name : \_\_\_\_\_
3. Permanent residential address : \_\_\_\_\_  
showing PIN code Number  
\_\_\_\_\_  
\_\_\_\_\_
4. Particulars of the period during which he/she was a Member of the Legislative Assembly : From (i) \_\_\_\_\_ To \_\_\_\_\_  
(ii) \_\_\_\_\_ To \_\_\_\_\_  
(iii) \_\_\_\_\_ To \_\_\_\_\_  
(iv) \_\_\_\_\_ To \_\_\_\_\_
- Name of Constituency : \_\_\_\_\_
5. Identification Marks : 1. \_\_\_\_\_  
2. \_\_\_\_\_
6. Whether four copies of photographs (passport size) enclosed : **Yes / No.**
7. Whether four copies of specimen signatures duly attested are enclosed : **Yes / No.**
8. Whether the applicant is in receipt of any salary either from any State or Central Govt. or the Union Territory Administration or from any Corporation owned or controlled by any State or Central Govt. or any local authority under any law. : **Yes / No.**  
If yes, amount of salary :Rs. \_\_\_\_\_ per month.

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

Encl:

SIGNATURE OF THE APPLICANT

Place : Delhi.

Dated:

To

The Secretary,  
Delhi Legislative Assembly,  
Old Secretariat, Delhi.

To

The Pay and Accounts Officer,  
Pay and Accounts Office – IX,  
Govt. of NCT of Delhi,  
Old Secretariat, Delhi-54.

Sir,

I opt to draw my pension through a Public sector Bank and give the necessary particulars to enable you to make arrange in this matter.

**PARTICULARS OF PENSION**

1. Name: \_\_\_\_\_
2. P.P.O.: \_\_\_\_\_
3. Present Address: \_\_\_\_\_,  
\_\_\_\_\_  
\_\_\_\_\_.

**PARTICULARS OF AUTHORISED PUBLIC SECTOR BANK**

1. Name of Bank: \_\_\_\_\_
2. Branch where payment is desired: \_\_\_\_\_
3. Pensioner's S.B./Current Account No. \_\_\_\_\_ ,  
\_\_\_\_\_ branch to which pension is to be credited  
MICR code \_\_\_\_\_.

Yours faithfully,

(PENSIONER)

Place : Delhi  
Dated :

DESCRIPTIVE ROLL IN RESPECT OF

Sh./Smt. \_\_\_\_\_,

Ex-Member, DELHI LEGISLATIVE ASSEMBLY :

1. HEIGHT : \_\_\_\_\_
2. IDENTIFICATION MARKS : 1. \_\_\_\_\_  
2. \_\_\_\_\_
3. DATE OF BIRTH : \_\_\_\_\_

SIGNATURE OF THE PENSIONER

**ATTESTED**

DESCRIPTIVE ROLL IN RESPECT OF

Sh./Smt. \_\_\_\_\_,

Ex-Member, DELHI LEGISLATIVE ASSEMBLY :

1. HEIGHT : \_\_\_\_\_
2. IDENTIFICATION MARKS : 1. \_\_\_\_\_  
2. \_\_\_\_\_
3. DATE OF BIRTH : \_\_\_\_\_

SIGNATURE OF THE PENSIONER

**ATTESTED**

**Specimen Signatures** of Sh./Ms..\_\_\_\_\_,  
Ex-Member, Delhi Legislative Assembly :

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Attested**

**Specimen Signatures** of Sh./Ms..\_\_\_\_\_,  
Ex-Member, Delhi Legislative Assembly :

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Attested**

**FORM – II**  
**(See Paragraph 9)**

**FORM FOR CLAIMING PENSION BY EX-MEMBER OF LEGISLATIVE ASSEMBLY, DELHI.**

Name of the Pensioner (Former Member) : \_\_\_\_\_  
(In Block Letters)

Permanent Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pension Payment Order No. : \_\_\_\_\_

Head of Account : \_\_\_\_\_

Name of the Pensioner : \_\_\_\_\_  
(In Block Letters)

Received a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ only) being my pension in accordance with the Members,  
Legislative Assembly, Delhi, Pension Payment Order No. \_\_\_\_\_  
dated \_\_\_\_\_, for the month(s) \_\_\_\_\_.

Net Rs. \_\_\_\_\_

Stamp

Signature or Thumb Impression  
of the pensioner.

Date:

**Countersigned.**

(Secretary)  
**Legislative Assembly, Delhi.**

**DECLARATION**

I declare that I am not in receipt of any salary either from any State or the Central Government or any Union Territory Administration or from any Corporation owned or controlled by any State or Central Government or from any local authority under any law.

P.T.O.

I declare that I have not been re-elected to the Parliament or to the Legislative Assembly or any other State Legislature and I am not a sitting Member of the Parliament or of the Legislative Assembly or any other State Legislatures.

I declare that I am not employed on a salary under the Central Government or any State Government or any Corporation owned or controlled by the Central Government or any State Government or any local authority or Corporation.

I declare that I have not become otherwise entitled to any remuneration form the Central Government, State Government or any Local authority or Corporation.

Signature of the Pensioner.

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(For use in Pay & Accounts Office)

Pay Order passed for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ only) to Shri./Ms. \_\_\_\_\_,

Ex-MLA by way of cheque.

**Additional information for grant of pension:**

1 Name : \_\_\_\_\_

2. Occupation : \_\_\_\_\_

3. (a) Are you in receipt of any salary from any institute / organization established by any law : **Yes / No.**

**If yes, please state:**

(i) Emoluments per month : \_\_\_\_\_

(ii) Post held : \_\_\_\_\_

(iii) Full address of the institution/organisation : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(iv) Whether the post is pensionable or not : **Yes / No.**

4. Are you in receipt or any salary either from any State or Central Govt. or any Corporation owned or controlled by any State of Central Govt. or any authority under any law : **Yes / No.**

5. Whether you are an employee of any Govt. aided school or college or any University. : **Yes / No.**

**If yes, please state:**

1) Post held : \_\_\_\_\_

2) Emoluments per month : \_\_\_\_\_

(Signature)-----

Place:

Date:

(Name in full)\_\_\_\_\_

### DETAIL OF FAMILY MEMBERS

(see Section 8(1)(a) of the Amendment Act and explanation thereunder)

1. Name of the MLA/MMC: - \_\_\_\_\_
2. Father's/Husband's name: - \_\_\_\_\_
3. Residential Address: - \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Contact No. \_\_\_\_\_
5. Name of constituency: - \_\_\_\_\_

6. Tenure as  
Member of Metropolitan Council

From                      To

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_

Member of Legislative Assembly

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_
- (iv) \_\_\_\_\_

7. Details of family members:-

Sl. No.	Name (in block letters)	Date of Birth	Relation
1.			
2.			
3.			
4.			
5.			

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

Place:  
Date:

Signature of the Applicant  
Name: \_\_\_\_\_