5. In the said rules, after form 1, the following form shall be inserted namely:-

"FORM 1-A.

PART-A

[See sub rules-(I), (4) and (7) of rule 7-A]

FORM OF APPLICATION FOR GRANT OF FAMILY PENSION

		e, Father/Mother, Husband's name (in case of spouse)	
	Addr	ess of the applicant	
		emstances in which the death cred and date of death of member.	
		sury from which family pension be drawn.	
		riptive roll of Widow/Widower/ lren of Shri/Smt.	
	i)	Date of Birth	
	ii)	Height	
	iii)	Identification marks if any, on the body	
	iv)	Left/right hand thumb and fingers impressions	
	Any	other relevant information	
			Signatures of left/right hand thumb impression.
<u>T</u> 1	NESSE	<u></u>	

Note: The descriptive roll (column 4) and signatures of left/right hand thumb and fingers impressions accompanying application for family pension should be in duplicate (in two separate sheets) and attested by two Gazetted Officers or persons of respectability of the Village/Town city in which the applicant resides.

Specimen Signatures of Shri/Smt./	
Widow/Widower/Children of	
late Shri/Smt. Who has served as a member.	
	<u>ATTESTED</u>
Descriptive roll of Shri/Smt./Widow/Widower Children of late Shri/Smt. who has served as Member.	
Height	
Identification Marks	

ATTESTED

FORM I

PART A

(See sub-rule(1) of rule 3)

	Form	of	application	for	grant	of	pension	to	the	former	members	of	the	Haryana	Legislative
Assem	bly/Pu	njab	Legislative	Ass	embly/	Pun	jab Legis	lati	ve C	ouncil/P	epsu Legis	lativ	ve A	ssembly, 1	representing
any of	the ter	ritor	ries of the St	ate o	f Harya	ana	under the	На	ıryan	a Legisla	ative Assen	nbly	(Al	lowances	and Pension
of Men	nbers)	Act,	, 1975.												

 1. 2. 3. 	(in blo Father Husba Case o Applio Perma Addre	nd's nar of a mar cant.) nent res	ers) (And also me in the ried woman idential ing village							
4.			period for whi	11			•	_	ive Assembly	//Punjab
	e of Hou gislative		Constituency represented	<i>I</i>	<u>I</u>	Period of m	<u>embership</u>			
				From	to	:_	Ye	ars	month	days
				From	to	:_	Ye	ars	month	days
				From	to	:_	Ye	ars	month	days
				From	to	<u>:</u>	Ye	ars	month	days
				From	to	<u> : </u>	Ye	ars	month	days
				From	to	:_	Ye	ars	month	days
				From	to	:_	Ye	ars	month	days
5.6.7.	Wheth Photog Enclos	graphs d sed. ser speci	marks copies of the Jo luly attested ar men signature are enclosed.	e						
8.	Wheth entitle the Ce State C Corpo by the local a	d to any ntral Go Governn ration C Central uthority	pplicant is also pension from evernment or a nent or any owned or contr Government of y, under any la	ny olled or w or						
9	I hereb	y certif	y that since		(Date	from which	entitled to p	ension	under the A	ct).
	(i)				fice of the Pr	esident/ Vic	e President	or appo	ointed to the	office of
	the Governor of any State or the Ad				Administrato	r of any Un	ion Territory	у;		
	(ii) I am not a member of the Council Assembly of a State or Union Territ							-	·	_

Council of Delhi constituted under Section 3 of the Delhi Administration Act, 1966;

	(iii)	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, nor i have become otherwise entitled to any remuneration from such									
		Government, Corporation or local authority;									
		(Note : Score out the certificate which is not applicable)									
	(iv)	I am not drawing any pension under the Haaryana Legislative Assembly Speaker's Pension and									
		Medical Facilities Act, 1976.									
		or									
		I am drawing a pension of rupees per mensem under the Haryana Legislative									
Asseı	mbly Sp	beaker's Pension and Medical Facilities Act, 1976 which is lesser than that admissible under the									
Hary	ana Leg	islative Assembly (Allowances and Pension of Members)Act, 1975.									
10.	I here	eby further certify that from(date) I am holding the office of/ am									
	a me	mber of/am employed asunderand									
	the s	alary/remuneration payable to me for holding such office /being such member/being such									
	emplo	oyees is Rs per mensem.									
	A cer	tificate to this effect from the competent authority is attached.									
	(Note	e: Score out the certificate, if not applicable)									
11.	I cert	ify that I have never incurred a disqualification under the Representation of the People Act, 1951.									
12.											
	Place	: (Signature of Applicant)									
	Date	· :									

CERTIFICATE

	I	hereby	certify	that	I	am	also	ordinarily	resident	of	the	place
					7	Γehsil _		, District			of I	Iaryana
State show	vn as pe	rmanent re	esidential a	ddress	in my	applic	ation.					
								,	NATURE)			
								EX-N	MLA/EX-M	1LC		
						OR						
	I h	ereby certi	fy that I ar	n ordina	arily 1	residen	t of					
Tehsil		, Distr	ict		of	Harya	na State					
								(SIG	NATURE)			

(SIGNATURE) EX-MLA/EX-MLC

I want to draw my pension under the	ne Haryana Legislative Assembly (Allowances ar	nd Pension of
Members) Act,1975, from	Treasury/Sub-Treasury	
District		
	(SIGNATURE)	
	EX-MLA/EX-MLC	

Specimen Signatures of	Shri./Smt.	Ex-MLA/Ex-MLX		
	1			
	2			
	3			

ATTESTED