

(Form to be filled-in by ex-MP

for the purpose of revision of pension in Lok Sabha Secretariat)

From:

.....

.....

(Name and address of ex-MP)

Contact No.

To:

The Deputy Secretary (MSA),

Lok Sabha Secretariat,

Parliament House Annexe,

New Delhi - 110001

Subject: Revision of Pension.

Sir,

I was a Member of Lok Sabha representing Constituency and
was sanctioned ex-MP pension from Lok Sabha Secretariat through
..... (Name and
address of Bank) (BSR Code of the bank).

My pension may now be revised as per the latest amendment made in the Salary,
Allowances and Pension of Members of Parliament Act, 1954.

Yours faithfully,

(.....)

Name and Signature of ex-MP

Date:

Place:

D E C L A R A T I O N

I declare that:

- (i) **I am not elected to** the office of the President/Vice President or appointed to the office of the Governor of any State or Administrator of any Union Territory; or
- (ii) **I am not a member of** House of the People (Lok Sabha) or Council of States (Rajya Sabha), any Legislative Assembly or Legislative Council of a State or Metropolitan Council of Delhi constituted under Section 3 of Delhi Administration Act, 1966, or
- (iii) **I am not employed on 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 I am not otherwise entitled to any remuneration from such Government or Corporation or Local Authority; or
- (iv) **I am not in receipt of any pension** from Central Government/State Government/any Local Authority /Corporation owned or controlled by the Central Government or any State Government;
- (v) **I have not been holding any of the offices**, as mentioned in sl. nos. (i) to (iii) above, since my pension was last revised/sanctioned.

OR

- (a) **I am/was holding the office of** of Member of or employed as in* w.e.f. and **the total salary/remuneration received by me** is Rs. per month.
- (b) I am in receipt of Rs. per month as ex-MP pension/family pension/.....pension drawing from*

(_____)

Pensioner's Signature

Name (in capital letters):.....

STATION _____

ADDRESS _____

DATE _____

* Here mention the name of office of the Central Government/State Government/Local Authority/Corporation owned or controlled by the Central Government or State Government.