

TELANGANA LEGISLATURE SECRETARIAT
FAMILY MEMBERS PARTICULARS OF THE EX-LEGISLATORS AND SPOUSES
OF DECEASED EX-LEGISLATORS AND THEIR DEPENDENT FAMILY MEMBERS

1. Name of the Ex-Legislator/ Spouse of deceased Ex-Legislator :
2. PSO/SPSO.No :
3. Aadhar No. :
4. Address :
5. Mobile Phone No. :
6. Dependent Family members :

Sl.No	Name	Relation with the Member	Age/ Date of birth	Occupation	Marital Status	Aadhar Card No. (copy to be furnished)	Working Mobile Phone.No
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.							
2.							
3.							
4.							
5.							
6.							

DECLARATION

I _____ declare that the above details are true and correct to best of my knowledge and that my parents are not State/Central/PSU employees/ Pensioners and are wholly dependent on me.

Place:
Date:

Signature of the Ex-Legislator/
Spouse of Deceased Ex-Legislator

NOTE:- Two (02) photo copies of self and dependents family members.