

UNDERTAKING FOR THE YEAR 2019-2020

For Reimbursement of Medical, LTC/HTC and CEA

Name of Employee:

Designation: **Department :**

Phone Number: Land Line: **Mobile .:**

EMail ID:

Are you staying in a Government Accommodation (Along with your spouse) : **YES/NO**

Residential Address:

.....

I hereby declare that following members of my family are wholly dependent upon me and we have not claimed the reimbursement of Medical Bills, LTC/HTC claim and Children Education Allowance from any other source.

S.No.	Name of Family Members	Date of Birth	Relationship with the employee	Income per month (if any)	Occupation

If spouse is working anywhere please furnish the following :

(1) Name of Spouse:.....(2) Designation :

(3) Office Phone Number: (4) Office Address :

.....

Place.....

Dated

Signature of Employee

SHIVAJI COLLEGE

(University of Delhi)
Ring Road, Raja Garden,
New Delhi-110027

PROFORMA FOR SPOUSE INFORMATION FOR THE YEAR 2019-2020

1. NAME OF EMPLOYEE :
2. BASIC PAY AND GRADE PAY :
3. H.R.A. :
4. MEDICAL FACILITY :
5. ACCOMMODATION (Wether Govt./Own/
Rented) :
6. IF OWN, Wether rented out & Rent PM :
7. NAME OF THE SPOUSE :
8. Whether spouse is in Govt./Semi Govt./Pvt.Ltd./
Ltd./PSU Undertaking/in Business or Housewife
or Self Employed :
9. IF IN SERVICE ,EMPLOYER'S NAME AND
ADDRESS :
-
10. BASIC PAY OF SPOUSE :
11. HRA BEING DRAWING BY THE SPOUSE :
12. MEDICAL FACILITY OF THE SPOUSE :
13. RESIDENTIAL ADDRESS :
-
14. MOBIL NUMBER :
15. E MAIL ID :

Signature of Employee

Dealing Assistant

S.O. Admin

Principal

SHIVAJI COLLEGE

(University of Delhi)
Ring Road, Raja Garden,
New Delhi-110027

JOINT DECLARATION FOR THE YEAR 2019-2020

JOINT DECLARATION FOR THE CLAIMING REIMBURSEMENT OF MEDICAL BILLS,LTC/HTC AND CHILDREN EDUCATION ALLOWANCE IN CASE WHERE BOTH HUSBAND AND WIFE ARE EMPLOYED IN THE GOVT./SEMI GOVT./Pvt.Ltd./Ltd./PSU Undertaking OR ELSEWHERE.

I _____ , DESIGNATION _____
DEPARTMENT _____ , ADDRESS _____

HEREBY DECLARE THAT I WILL PREFER THE CLAIM FOR _____
_____ REIMBURSEMENT AND MY WIFE/HUSBAND WILL
PREFER THE CLAIM FOR _____ REIMBURSEMENT.

DATE _____

(Signature of the Husband)

DATE _____

(Signature of the Wife)

DATE _____

(To be signed by the employer of
the Husband with official stamp)

DATE _____

(To be signed by the employer of
the wife with official stamp)

NOTE: One copy is to be retained in the office of the husband and another copy is to be retained by the office of wife for records.