

Shivaji College
Raja Garden, Univ. of Delhi
New Delhi-110027.

JOINT DECLARATION FOR THE YEAR _____

JOINT DECLARATION for claiming Re-imbursement of **Medical Expenses, LTC/HTC & Children Education Allowance** in case where both husband and wife are employed in the University and its affiliated colleges or elsewhere.

I _____, Designation _____

Deptt & Address. _____

& (my wife / husband) _____ Designation _____

Deptt & Address _____

Hereby declare that I will prefer the claim for _____

Re-imbursement and my wife/husband will prefer the claim for _____

Re-imbursement.

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 the wife for records.

UNDERTAKING

For Reimbursement of Medical, LTC/HTC and CEA

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 :

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Name of Employee:

Designation : Department :

Phone Number : Land Line : Mobile :

Residential Address:

.....

Place.....

Dated

Signature of Employee