

JOINT DECLARATION FOR CLAIMING REIMBURSRMENT OF MEDICAL EXPENSES/LEAVE TRAVEL
CONCESSION/CHILDREN EDUCATION ALLOWANCE
(IN CASE BOTH HUSBAND & WIFE ARE GOVT. EMPLOYEES)

DECLARATION BY HUSBAND

I _____, hereby declare that my spouse, Smt. _____ is working in _____ as _____. I also declare that I will avail all the benefits such as Medical Facilities, Leave Travel Concession, Children Education Allowance, etc. from my office/ from the office of my spouse for myself and my family members as mentioned below:

Sr. No.	Name	Relationship
1.		
2.		
3.		
4.		

Signature of Employee _____
Designation _____
Date _____

DECLARATION BY WIFE

I _____, hereby declare that my spouse, Shri _____ is working in _____ as _____. I also declare that I will avail all the benefits such as Medical Facilities, Leave Travel Concession, Children Education Allowance, etc. from my office/from the office of my spouse for myself and my family members as mentioned below:-

Sr. No	Name	Relationship
1.		
2.		
3.		
4.		

Signature of Employee _____
Designation _____
Date _____

Note:

1. Acceptance of the declaration by the Competent Authority in the spouse's office should be submitted along with this declaration, failing which it would not be accepted.
2. In case of any change in future, the same should also be intimated jointly.