

DELHI COLLEGE OF ARTS & COMMERCE
(University of Delhi)
NETAJI NAGAR, NEW DELHI-110023

21.08.2020

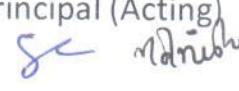
NOTICE

It is notified for the information of all members of teaching staff to furnish their Spouse information, Annual Property return and Joint declaration undertaking for medical reimbursement purpose, for the year 2020-2021 to the College as per forms attached.

Teaching staff are requested to give the information on the prescribed format latest by 31.08.2020. The blank forms are available on College website.

The duly filled in forms can be sent on email id - dcacaoacctt@gmail.com


Dr. Anuradha Gupta
Principal (Acting)



Form for Annual Immovable Property Return-2020

Name of the Officer (in full) and Service the Officer belongs

1. Present Post:
2. Present Pay : Rs.

Name of District, Sub- Division, Taluk and village in which property is situated	Name and details of property			If not in own name state in whose name held and his/her relationship to the Government servant	How acquired whether by purchase, lease**, mortgagage, inheritance, gift, or otherwise, with date of acquisition and name with details of person/ persons from whom acquired	Annual income from the property	Remarks
	Housing and other building	Lands	*Present value				
1	2	3	4	5	6	7	8

Signature _____

Date _____

In applicable clause to be struck out.

* In case where it is not possible to assess the value accurately, the approximate value in relation to present conditions may be indicated.

** Includes short-term lease also.

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Proforma For Spouse Information-Year-2020-21

S.No. : _____

Name & Designation : _____

Basic Pay : Rs. _____

Pay Level : Rs. _____

H.R.A. : Rs. _____

Medical Facility : _____

Accommodation
(Whether, Own/Govt./Rented) : _____

If, Own, Whether rented Out &
rent P.M. : _____

Name of the Spouse : _____

Whether Spouse is in Govt./Semi
Govt./Pvt.Ltd./PSU Undertaking or
House Wife/Businessman. : _____

If in service, Employer's
Name & Address : _____

Basic pay of Spouse : _____

H.R.A. being drawing by the
Spouse : _____

Medical Facility of the Spouse : _____

Name	Relation	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Detail of Children : _____

Residential Address
of the Employee : _____

Phone No. : _____

Signature : _____

Date of Submission : _____

Counter Signatures(By Head of College)

**JOINT DECLARATION FOR CLAIMING REIMBURSEMENT OF MEDICAL,
EXPENSES/ LEAVE TRAVEL CONCESSION/ CHILDREN EDUCATION ALLOWANCE
(IN CASE BOTH ARE GOVT. EMPLOYEES)**

DECLARATION BY HUSBAND

I _____ hereby declare that my wife 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 wife for myself and my family members as mentioned below -

Sl No	Name	Relationship
1		
2		
3		

Signature of Employee _____
Designation _____
Date _____

DECLARATION BY WIFE

I _____ hereby declare that my husband 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 wife for myself and my family members as mentioned below -

Sl No	Name	Relationship
1		
2		
3		

Signature of Employee _____
Designation _____
Date _____

Note

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