

दिल्ली कॉलेज ऑफ आर्ट्स एण्ड कॉमर्स
Delhi College of Arts & Commerce
दिल्ली विश्वविद्यालय
(UNIVERSITY OF DELHI)
नेताजी नगर, नई दिल्ली-110023
NETAJI NAGAR, NEW DELHI-110023

26.02.2023

NOTICE

It is notified for the information of all the members of Non-teaching staff to furnish their Joint declaration undertaking for medical reimbursement purpose for the year 2022-2023 to the College as per form attached.

Non-teaching staff are requested to give the information on the prescribed format latest by 03.03.2023. The blank format is available in the new building Room No.75.

(Prof. )
Principal

Copy to:-For necessary action and information.

- ✓ 1. Administration Office
2. Accounts Office
3. Library
4. Sr. P.A. to Principal.
- ✓ 5. College website

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