



दिल्ली कॉलेज ऑफ आर्ट्स एण्ड कॉमर्स
Delhi College of Arts & Commerce

(दिल्ली विश्वविद्यालय)
(University of Delhi)

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संदर्भ सं./Ref. No....DCAC/2024/1471

दिनांक/ Date.....14.03.2024

NOTICE

It is notified to all the Teaching and Non-teaching staff to furnish their Joint Declaration undertaking for medical reimbursement purpose, Form for Annual Immovable Property return and Spouse Information for the year 2023-24 to the college as per form attached.

Faculties and Non-teaching staff are requested to give the information on the prescribed format latest by 24.03.2024.


(Prof. ~~Rajiv~~ Chopra)
Principal

Copy to: -

1. Principal Office.
2. Library.
3. Staff Room.
4. Accounts Office.
5. Administration Office.
6. College Website.

**DELHI COLLEGE OF ARTS AND COMMERCE
(UNIVERSITY OF DELHI)
NETAJI NAGAR, NEW DELHI-110023**

PROFORMA FOR SPOUSE INFORMATION- YEAR-2023-2024

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 :

Detail of Children	Name	Relation	DOB
	: _____		
	: _____		
	: _____		
	: _____		

Residential Address
of the Employee : _____
: _____
: _____
: _____
: _____

Phone No. : _____

Signature : _____

Date of Submission : _____

Counter Signature (By Head of College)

**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 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:

S.No	Name	Relationship

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: -

S.No	Name	Relationship

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.

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FORM FOR ANNUAL IMMOVABLE PROPERTY RETURN-2023

1. Name of the Officer (in full) & service to which the officer belongs : :
2. Present post held : :
3. Present pay : :

Name of District, Sub-division, Taluk & Village in which property is situated	Name & details of property		Present value ([₹])	If not in own name, status in whose name held & his /her Relationship to the Govt. servant	How acquired, whether by purchase, lease, mortgage, in heritage, gift or otherwise with date of acquisition & name with details of person/persons from whom acquired	Annual income from the property	Remarks
	Housing & other buildings	Lands					
1.	2.	3.	4.	5.	6.	7.	8.

SIGNATURE

DATE

Inapplicable 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.
- Include short term lease also.