



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/2026/11

दिनांक/Date 01.04.2026.....  
06

**NOTICE**

It is hereby notified to all Teaching and Non-Teaching staff to submit their Joint Declaration undertaking for the purpose of medical reimbursement, along with Spouse Information, to the College in the prescribed format (as attached).

All faculty members and non-teaching staff are requested to furnish the required information in the prescribed format on or before 20 April 2026.

  
(Prof. Srikant Pandey)  
Acting Principal

Copy to: -

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

**JOINT DECLARATION FOR CLAIMING REIMBURSEMENT 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	Date of Birth

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	Date of Birth

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.

\_\_\_\_\_  
Signature (By Head of Office)

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

PROFORMA FOR SPOUSE INFORMATION

S.No. :  
Name & Designation :  
Basic Pay :  
Pay Level : Rs. \_\_\_\_\_  
H.R.A. : Rs. \_\_\_\_\_  
Medical Facility : Rs. \_\_\_\_\_  
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)