



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

DECLARATION

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 from my office/from the office of my wife for myself and my family members as mentioned below:-

Sl.No.	Name of the Dependents	Relationship
1.		
2.		
3.		

Signature of Employee: _____
Designation: _____
Date: _____

Signature and Designation of
Head of Office with office stamp

DECLARATION

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 from my office/from the office of my Husband for myself and my family members as mentioned below:-

Sl.No.	Name of the Dependents	Relationship
1.		
2.		
3.		

Signature of Employee: _____
Designation: _____
Date: _____

Signature and Designation of
Head of Office with office stamp

Note:

1. Acceptance of the declaration by the Competent Authority in the spouse's office should be submitted in this Declaration failing which it would not be accepted.
2. In case of any change in future, the same should also be intimated jointly
3. NID AP employee dependents as per NID AP MAT Rules can only avail Medical facilities at NID AP.