

**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:

- 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.
- In case of any change in future, the same should also be intimated jointly.