



Form No. A 5

Indira Gandhi National Tribal University
Amarkantak, MP
(A Central University established by an Act of Parliament)

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

DECLARATION BY THE EMPLOYEE AND HIS/HER SPOUSE, IF SPOUSE IS EMPLOYED

I _____ hereby declare that my SPOUSE Smt./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 the office of my spouse / my
office for myself and my family members as mentioned below:-

Sl.No.	Name	Relationship
1.		
2.		
3.		
4.		

1. Signature of Employee: _____

Designation&Department : _____

2. Signature of Spouse with

2.1 Name

2.2 Designation

2.3. Name of the Organisation/

Department where employed

Date: _____

**Encl : Declaration duly accepted by the Competent Authority in the Office where
spouse is employed shall be enclosed either separately or after the signature of
self and spouse.**

Note:

1. For claiming any of these facilities / allowances in IGNTU, the duly accepted copy of the Declaration by the Competent Authority in the spouse's office with endorsement and official seal should be submitted to the Registrar, IGNTU failing which it would not be accepted.
2. Any false Declaration or suppression of information, if found/reported later, the concerned employee is liable for penal action as per the Rules
3. In case of any change in future, the same should also be intimated jointly.