

**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 / will not 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 / will not 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:

1. 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.
2. In case of any change in future, the same should also be intimated jointly.