

JOINT DECLARATION

I _____ working as

_____ employed in
_____ hereby declare that my
wife/husband Sri/ Smt _____

Working as _____ will prefer medical reimbursement claim
for me and my children from my spouse department only. I will not prefer any towards
medical reimbursement/credit card from my department
(i.e. _____ Department).

1. Signature (Wife) with Designation
Employee ID No.
Office Address:

2. Signature (Husband) with
Designation
Employee ID No.
Office Address: