

भा. प्रौ. सं. मण्डी 175 075 (हिमाचल प्रदेश)
IIT Mandi 175 075 (Himachal Pradesh)

प्रशासनिक फॉर्म सं. _____
ADMIN. FORM NO. _____

Spouse working in Private Companies

**JOINT DECLARATION-CUM-UNDERTAKING FOR CLAIMING REIMBURSEMENT OF
MEDICAL EXPENSES/ LEAVE TRAVEL CONCESSION/
CHILDREN EDUCATION ALLOWANCE**

1. We hereby declare that the claims on account of reimbursement of Medical Expenses, Leave Travel Concession, Children Education Allowance in respect of ourselves and dependent children will be made by _____ from his/ her employer viz. IIT Mandi (Himachal Pradesh) and also undertake that we will not claim Medical Expenses, Leave Travel Concession, Children Education Allowance facility from my spouse's employer viz _____ (Name & Address of the org.)
_____.

2. My spouse's organisation viz. _____ does not provide we do not intend to avail the facility of Medical Expenses, Leave Travel Concession, Children Education Allowance from them.

3. We further undertake to declare that in future, as and when there is any change in the facilities thereof in my husband's/ wife's employment, we will inform the Institute accordingly.

Signature: - _____

(IIT Mandi employee)

Name: - _____

Designation: - _____

Department: - _____

Signature of spouse: - _____

(Spouse)

Name: - _____

Designation: - _____

Name of Employer: - _____

Address: - _____

Signature: - _____

(of witness)

Name: - _____

Designation: - _____

Department: - _____

Date: - ____/____/20____