



NATIONAL INSTITUTE OF TECHNOLOGY GOA

JOINT DECLARATION FORM

(To be submitted when the Employee & Spouse are in Government Service)

Date: _____

We (1) _____

(Name, Designation, Office & Department of the Applicant) and

(2) _____

(Name, Designation, Office & Department of the Spouse)

Hereby declare that we will claim all the Medical Reimbursement Expenses, Children Education Allowance, Leave Travel Concession etc. in respect of our dependent family members from the office of **Applicant's Employer / Spouse's Employer** (Strike off which is not applicable)

For the Financial Year _____ (In case of Children Education Allowance & Medical Reimbursement)

For the Calendar Year _____ (In case of Leave Travel Concession)

| | |
|--|--|
| Signature of the Applicant: Name of the Applicant: Designation: Department: | Signature of the Spouse: Name of the Spouse: Designation: Department: |
| Signature of the Competent Authority Office Seal Date: | Signature of the Competent Authority Office Seal Date: |