JOINT DECLARATION

We,	and
hereby declare after caref	fully giving through the Rules and Regulation governing
Medical Attendance, Leave	e Travel Concession and Children Education Allowance, I,
Shri/Smt.	Designation
(Name of Institute	e) will claim Medical Reimbursement / Leave Travel
Concession and Children	Education Allowance for our family members who are
actually depending on us.	
Name:	Name:
Designation:	Designation:
Address:	Address:
State Government etc., a G	fe/husband are employed in other Central Government or Certificate from their employer showing that he/she is not Medical Reimbursement/Leave Travel Concession/Children d be submitted/enclosed.
	Signature of the employee:
	Name:
	Designation:
	Department / Section:
	Date: