

JOINT DECLARATION

Certified that working as in the office of is not getting fixed medical allowance as well as medical reimbursement either from myself or any other member of my family from my department. All the medical claims will be performed by my husband/wife Sh. Smt. who is working in the office of the

**Sig. of Govt. Servant
Name of Department**

Certified that I working as in the office of the will draw all the Medical facilities/medical allowance in lieu thereof for myself and any other member of the family

S. No.	Name of Dependent	Age	Relation	Occupation	Income from
--------	-------------------	-----	----------	------------	-------------

**Sig. of Govt. Servant
Name of Department**

Certificate to be issued by the DDO

Certified that Smt./Sh. working as in the office of since He/She is not claiming fixed medical allowance/open medical reimbursement in respect of himself/herself or any member of his/her family.

Sig. of DDO

Certified that Dr/ Sh / Smt. working as in the office of since He / She is claiming/ not claiming House rent allowance

Sig. of DDO