

JOINT DECLARATION

I _____ Employee in _____
Hereby declare that my wife/husband is working as _____
_____ will prefer medical reimbursement claim for me and my
children from _____ only. I will not prefer any claim towards
medical reimbursement from my department.

(i.e., _____Department)

1. Signature (Wife) with Designation

2. Signature (Husband) with Designation

Entered in S.R. of _____