**JOINT DECLARATION FORM**

It is to certify that we, Prof./Dr./Sh./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, working at Central University of Gujarat, Gandhinagar as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Prof./Dr./Sh./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, working at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are husband and wife and both are employed in the Government entity, wherein facility for reimbursement of LTC, Medical, CEA, etc. exists. We jointly undertake that following facilities shall be availed / claimed by us as under:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Type of Facility** | **Who shall Claim** | **Number of Dependents** | **Relationship with the Employee** |
| **1.** | **LTC** |  |  |  |
| **2.** | **Medical** |  |  |  |
| **3.** | **CEA** |  |  |  |
| **4.** | **Misc.** |  |  |  |

Certified that the above certificate / declaration is true and correct to the best of our knowledge. In the event of any change / modification, we shall immediately inform the authorities concerned. In case of any deviation from the above, I / we shall be personally responsible for the omission / commission of the acts of deviation.

**(Signature of the CUG Employee) (Signature of Spouse)**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Counter Signature of the Head of the Office of the concerned establishment:

**(Dated Signature with seal) (Dated Signature with seal)**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head of Office/DDO, CUG, Gandhinagar. Heal Office / DDO**

**IMPORTANT NOTES:**

1. Acceptance of the above declaration by the Competent Authority of the Spouse’s office should be submitted along with the family declaration form.
2. The Joint Declaration form in two copies (in original) is to be submitted separately in the office of the claimant (Husband/Wife) and a copy of the same is to be retained in the office of the spouse (Husband/Wife) or vice-versa for records.
3. In case of any changes in declaration in future, the same should also be intimated jointly.
4. The Income of the dependent parent should not exceed the amount of minimum family pension prescribed in Central Government regulations (i.e. `.9000/- p.m.) and dearness relief thereon is deemed to be wholly dependent on Government Servant.