

ICAR- Central Institute for Research on Goats,

Makhdoom, Mathura

Revision No.:0.0

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Dated: 01/05/19

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JOINT DECLARATION FORM

Issue No.: 1.0

It is t	o certify tha	t we, Dr./Sh./Ms		(name),	
work	ing at ICAR	C-CIRG, Makhdoom, Mathur	a in the capacity of	•••••	
(Desi	gnation) and	d Dr./Sh./Ms	(nam	e), working at	
•••••	••••••			in the capacity of	
•••••	• • • • • • • • • • • • • • • • • • • •		(Designation) are husband	and wife and are both	
empl	oyed in a Go	vernment entity, wherein faci	lity for reimbursement of L	TC, 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	Name of Dependents	Relationship with the employee	
1.	LTC				
2.	Medical				
3.	CEA				
4.	Misc.				
(Signature of the ICAR-CIRG employee) (Signature of the Spouse)					
Name:					
Place:					
Dated:					
Counter Signature of the Head of Office/ DDO of the concerned establishment:					
Date	d Signature	with seal	Dated Signature with so	eal	
(Name:)			(Name:	(Name:)	
Head of Office, ICAR-CIRG, Makhdoom			Head of Office/ DDO		