



# शिवाजी कॉलेज

(दिल्ली विश्वविद्यालय)

## Shivaji College

(University of Delhi)

NAAC ACCREDITED "A" GRADE COLLEGE



संदर्भ सं० / Ref. No. SH/ACCH/5104/26

दिनांक/Dated 06/05/26

## NOTICE

Date: 06-05-2026

All Teaching and Non-Teaching Staff are hereby requested to submit Family Declaration Form, Joint Declaration Form and Spouse Information Form for the year 2026-27 for the reimbursement of Medical Bills, Children Education Allowance and LTC/HTC Claim in the College Office within 10 days.

  
Prof. Virender Bhardwaj

Principal

# UNDERTAKING FOR THE YEAR 2026-2027

## For Reimbursement of Medical, LTC/HTC and CEA

Name of Employee: .....

Designation: ..... Department : .....

Phone Number: Land Line: ..... Mobile : .....

E-Mail ID: .....

Date of Birth : ..... Date of Appointment : .....

Bank Account Number : ..... PAN No.: .....

Aadhar Number : .....( Please attach copy of Aadhar No. and PAN No.)

Are you staying in a Government Accommodation (Along with your spouse) : YES/NO

Residential Address (Local) : .....

Residential Address (Permanent) : .....

I hereby declare that following members of my family are wholly dependent upon me and we have not claimed the reimbursement of Medical Bills, LTC/HTC claim and Children Education Allowance from any other source.

S.No.	Name of Family Members	Date of Birth	Relationship with the employee	Income per month (if any)	Occupation

If spouse is working anywhere please furnish the following :

(1) Name of Spouse:.....(2) Designation : .....

(3) Office Phone Number: ..... (4) Office Address : .....

.....

Place.....

Dated .....

Signature of Employee

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New Delhi-110027

## **PROFORMA FOR SPOUSE INFORMATION FOR THE YEAR 2026-2027**

1. NAME OF EMPLOYEE : .....
2. BASIC PAY AND GRADE PAY : .....
3. H.R.A. : .....
4. MEDICAL FACILITY : .....
5. ACCOMMODATION (Wether Govt./Own/  
Rented) : .....
6. IF OWN, Wether rented out & Rent PM : .....
7. NAME OF THE SPOUSE : .....
8. Whether spouse is in Govt./Semi Govt./Pvt.Ltd./  
Ltd./PSU Undertaking/in Business or Housewife  
or Self Employed : .....
9. IF IN SERVICE ,EMPLOYER'S NAME AND  
ADDRESS : .....
10. BASIC PAY OF SPOUSE : .....
11. HRA BEING DRAWING BY THE SPOUSE : .....
12. MEDICAL FACILITY OF THE SPOUSE : .....
13. RESIDENTIAL ADDRESS : .....
- .....
14. MOBIL NUMBER : .....
15. E MAIL ID : .....

Signature of Employee

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## **JOINT DECLARATION FOR THE YEAR 2026-2027**

JOINT DECLARATION FOR THE CLAIMING REIMBURSEMENT OF MEDICAL BILLS,LTC/HTC AND CHILDREN EDUCATION ALLOWANCE IN CASE WHERE BOTH HUSBAND AND WIFE ARE EMPLOYED IN THE GOVT./SEMI GOVT./Pvt.Ltd./Ltd./PSU Undertaking OR ELSEWHERE.

I \_\_\_\_\_, DESIGNATION \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_, ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HEREBY DECLARE THAT I WILL PREFER THE CLAIM FOR \_\_\_\_\_  
\_\_\_\_\_ REIMBURSEMENT AND MY WIFE/HUSBAND WILL  
PREFER THE CLAIM FOR \_\_\_\_\_ REIMBURSEMENT.

DATE \_\_\_\_\_  
\_\_\_\_\_  
(Signature of the Husband )

DATE \_\_\_\_\_  
\_\_\_\_\_  
(Signature of the Wife )

DATE \_\_\_\_\_  
\_\_\_\_\_  
(To be signed by the employer of  
the Husband with official stamp)

DATE \_\_\_\_\_  
\_\_\_\_\_  
(To be signed by the employer of  
the wife with official stamp)

NOTE: One copy is to be retained in the office of the husband and another copy is to be retained by the office of wife for records.