



SRI GURU NANAK DEV KHALSA COLLEGE

(UNIVERSITY OF DELHI)

NAAC Accredited A

DEV NAGAR, NEW DELHI-110 005

Celebrating 50th Year

Ref. No.: _____

Dated: 27/4/23

NOTICE

Teaching, Non - Teaching and Retired Staff members are requested to furnish the details in the attached Performa, If you wish to avail medical reimbursement facility from the College.

If spouse is working a separate NOC from the Spouse's office should be attached along with the Performa.

In case you don't want to avail the medical facility from the College, kindly mention in the Performa.

Duly signed forms need to be submitted latest by 5th May in the Accounts branch to Mrs. Jaspreet Kaur.

(Prof. Gurmohinder Singh)
Principal.

JOINT DECLARATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

DECLARATION OF EMPLOYEE

I _____ hereby declare that I am _____
married / not married/divorced.

I _____ hereby declare that my spouse is _____
working / not working/retired.

(if spouse is working please fill the below declaration, otherwise fill the name of dependents)

DECLARATION BY EMPLOYEE

I _____ hereby declare that my spouse _____
is working/retired _____ as _____. I also
declare that I will avail Medical Facilities, from my office and not from the office of my Spouse.

S. No.	Name	Gender	Age	Relationship
1.				Self
2.				
3.				
4.				
5.				
6.				

Signature of Employee : _____

Designation : _____

Date : _____

(To be signed by the employer of the spouse)

(DECLARATION BY SPOUSE)

I _____ hereby declare that my Spouse _____ is working in
_____ as _____. I also declare that I will not avail Medical
facilities from my office.

Signature of Employer: _____

Designation: _____

Date : _____