



NATIONAL INSTITUTE OF IMMUNOLOGY
NEW DELHI

JOINT DECLARATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

I, _____(Name), employed as
_____ (designation) in the National Institute of Immunology

AND

My wife / husband _____ (Name) employed
as _____ (designation) in the office of the
_____ (Name of the office of spouse) do hereby
jointly declare that we will claim for Reimbursement of Medical Expenses from
_____ where my wife / husband is
employed.

Signature & Name of Husband

Signature and Name of Wife

Signature & Designation of
Head of Office with office stamp

Signature & Designation of
Head of Office with office 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 the wife for record.

Countersigned

Senior Manager, NII

Place:

Date: