



جامعہ ہمدرد JAMIA HAMDARD

(Deemed to be University)
Accredited by NAAC in 'A+' Category

Hamdard Nagar, New Delhi-110062
Phone : 011-26059688 (12 Lines)
Website: www.jamiahamdard.edu

D. No. Estab./LD/2024/947/01
Date: 31/07/2024

NOTIFICATION

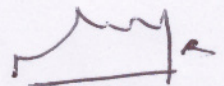
Sub: Submission of Joint Declaration for Availing or Not-availing Various Benefits - Reg.

All regular employees (Teaching & Non-Teaching) of Jamia Hamdard, whose spouse is working in Govt./Semi-Govt./PSUs/Local Bodies/Autonomous Bodies/Central or State Universities/Organizations, are hereby informed to submit a Joint Declaration for availing or not availing various benefits viz Leave Travel Concession (LTC), Children Educational Allowance, Medical Facilities etc from Jamia Hamdard.

This Joint Declaration shall be submitted in the prescribed format (as enclosed) in the month of April of every year. Failing which requests for processing these benefits shall not be considered.

Therefore, such teaching and non-teaching employees whose spouse is in service, are hereby required to submit Joint Declaration Form along with the Family Declaration forwarded by concerned HoDs, in the Establishment Section for further necessary action latest by 10th August, 2024.

Authority: Approval of Vice-Chancellor dated 25-07-2024.


31/7/2024
(Dr. M.A. Sikandar)
Registrar

Copy to :

1. All Deans of Schools
2. All Heads of the Departments/Offices/Units
3. Finance Officer/Director, IQAC/Controller of Examinations
4. A.R. (Acad.)
5. AR/Secretary to Vice-Chancellor
6. Sr. PA to Registrar
7. Personal/Guard File
8. Website Notification through HAH CIT

JAMIA HAMDARD
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JOINT DECLARATION IN THE CASE OF WHERE HUSBAND AND WIFE ARE IN SERVICE

DECLARATION BY THE HUSBAND

I, _____ hereby declare that my wife Smt. _____ is
working in _____ as
_____. I also declare that I will avail/not avail all the benefits such
as Medical Facilities, Leave Travel Concession, Children Education Allowances etc. from my office/ from the
office of my wife for myself and my dependent family members including

_____ (Name and relation of the dependent family
members).

Signature :
Designation :
Emp. Code No. :

[Signature (with stamp) of the Employer
of the Husband with date]

DECLARATION BY THE WIFE

I, _____ hereby declare that my husband Sh _____ is
working in _____ as
_____. I also declare that I will avail/not avail all the benefits such
as Medical Facilities, Leave Travel Concession, Children Education Allowances etc. from my office/ from the
office of my husband for myself and my dependent family members including

_____ (Name and relation of the dependent family
members).

Signature :
Designation :
Emp. Code No. :

[Signature (with stamp) of the
Employer of the Wife] with Date

IMPORTANT NOTE:

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 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 change in declaration in future, the same should also be intimated jointly.
4. The Joint Declaration Form along with Family Declaration Form (duly filled in and signed) should be submitted in the Establishment Section, Jamia Hamdard for further necessary action.