



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

FORM - 3

JOINT DECLARATION

(Required only when both husband and wife are employed)

**FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES /
LEAVE TRAVEL CONCESSION / TUITION FEE ETC.**

We hereby jointly declare that the claims on account of reimbursement of Medical Expenses / Leave Travel Concession / Tuition Fees etc. in respect of ourselves and dependent children will be made by
....., from his / her employer viz. IIT, Guwahati - 781039 and no such claims will be preferred
by from his / her employer viz
.....

Signature of the husband with date : *(Emp_No.....)

Name of the husband :

Designation :

Name and postal address of the Employer :
.....

Signature of the wife with date : *(Emp_No.....)

Name of the wife :

Designation :

Name and postal address of the Employer :
.....

*(*where applicable)*

ADMN. NOTE :