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	ICAR – Indian Institute of Vegetable Research, Varanasi		Dated: 12/03/18
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**JOINT DECLARATION FORM**

It is to certify that we, Dr./Sh./Ms.....(name), working at ICAR–IIVR, Varanasi in the capacity of .....(Designation) and Dr./Sh./Ms.....(name), working at ..... in the capacity of .....(Designation) are husband and wife and are both employed in a Government entity, wherein facility for reimbursement of LTC, Medical, CEA, etc. exists. We jointly undertake that following facilities shall be availed/ claimed by us as under:

Sl. No.	Type of Facility	Who shall Claim	Name of Dependents	Relationship with the employee
1.	LTC			
2.	Medical			
3.	CEA			
4.	Misc.			

Certified that the above certificate/ declaration is true and correct. In the event of any change/ modification, we shall immediately inform the authorities concerned. In case of any deviation from the above, I/ we shall be personally responsible for the omission/ commission of the acts of deviation.

(Signature of the ICAR–IIVR employee)

(Signature of the Spouse)

Name: .....

(Name:.....)

Place:

Dated:

Counter Signature of the Head of Office/ DDO of the concerned establishment:

Dated Signature with seal

Dated Signature with seal

(Name: .....) )

(Name: .....) )

Head of Office/ DDO, ICAR–IIVR, Varanasi

Head of Office/ DDO.....