

JOINT DECLARATION FORM

It is to certify that we, Prof./Dr./Mr./Mrs/Ms. _____, working as _____ at Central University of Jharkhand, Ranchi and Prof./Dr./Mr./Mrs/Ms. _____, working as _____ at _____, are husband and wife and both are employed in the Government entity. We jointly undertake that, we shall claim the Medical Expenses in respect of self and all dependent family members from the Organization/ Department: _____

Sl. No.	Name of Dependent	Date of Birth/ Age	Relation with employee	Occupation	Income
1.					
2.					
3.					
4.					
5.					
6.					

It is certified that the above certificate / declaration is true and correct to the best of our knowledge. 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 CUJ Employee)
Name: _____

(Signature of Spouse)
Name: _____

Place/ Date: _____

Counter Signature of the Head of the Office of the concerned establishment

(Signature with seal/ stamp)
Name: _____

(Signature with seal/ stamp)
Name: _____

Head of Office/ DDO, CUJ, Ranchi

Head of Office/ DDO

IMPORTANT NOTES:

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 **two** copies (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 changes in declaration in future, the same should also be intimated jointly.
4. The Income of the dependent parent should not exceed the amount of minimum family pension prescribed in Central Government regulations (i.e. 9000/- P.M.) and Dearness Relief thereon, is deemed to be wholly dependent on Government Servant.