



# National Institute of Plant Genome Research New Delhi

## JOINT DECLARATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

I, \_\_\_\_\_ (Name), employed as  
\_\_\_\_\_ (designation) in the National Institute of Plant Genome Research

AND

My wife / husband \_\_\_\_\_ (Name) employed as  
\_\_\_\_\_ (designation) in the office of the  
\_\_\_\_\_ (Name of the office of spouse)

do here by 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  
COA, NIPGR

Place:

Date: