

JOINT DECLARATION

Mr./Mrs./Dr. _____ working in the National Institute for Research in Reproductive Health, J. M. Street, Parel, Mumbai 400 012 and Mr./Mrs. _____ working in _____ jointly declare that the claims of the account of Leave Travel Concession / Medical Reimbursement / Tuition Fee / Personal Pay Family Planning claimed by us will be availed by Mr./Mrs/Dr. _____ and not by Mr./Mrs./Dr. _____

Remarks, if any :-

- | | |
|--------------------------------------|--------------------------------------|
| 1. Signature of Employee: _____ | 1. Signature of Employee: _____ |
| 2. Name: _____ | 2. Name: _____ |
| 3. Designation: _____ | 3. Designation: _____ |
| 4. Address of Office: _____
_____ | 4. Address of Office: _____
_____ |

Declaration accepted
By the office

Declaration accepted
By the Office

Signature
By the Office

Signature
By the Office

Original duly signed and recorded in the file

Note: Four copies to be submitted.