Declaration Regarding Employment of Spouse

Date: _____

I, ... son/daughter of Shri.....resident of village/town/city .....district ..... State ..... hereby declare that my spouse is employed/not employed in Government Service, and she/he is not availing the following facilities for herself/himself or for any of the family members from the parent department/Institute working for. I read the enclosed provisions made in the Government Orders (printed overleaf) in this regard and undertake to inform the Institute as and when there is any change in the status of employment of my spouse in respect of the following conditions.

1) Medical Attendance/Treatment
2) House Building Advance
3) Children's Educational Assistance
4) Family Planning Special Increment
5) Leave Travel Concession
6) Traveling Allowance
7) Family Pension
8) House Rent Allowance, if residing in Govt. Quarters
9) Central Government Health Scheme
10) Allotment of Residence

The relevant rules as summarized in the enclosure (appended overleaf) are read and certified that the same will be complied from time to time. I/we understand that any violation will attract legal proceedings and penal provision as per Govt. rules.

Signature of Spouse, if employed elsewhere in Govt. establishments.		Signature of Employee	
Name		Name	
P.F. No.		P.F. No.	
Designation		Designation	
Department		Department	
Address		Address	

Signature of the Employee

PF No._____