



NATIONAL INSTITUTE OF IMMUNOLOGY  
NEW DELHI

Website:- <https://nii.res.in/>

**JOINT DECLARATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES**

I, \_\_\_\_\_(Name), employed as  
\_\_\_\_\_ (designation) in the National Institute of Immunology

AND

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

Senior Manager, NII

Place:

Date: