

**FORM 'A'**  
**DECLARATION**

I.....(Name)  
.....(Designation and office) declare as under.

(a) That I reside in the house located at.....  
.....(Full Postal Address) belongs to  
Shri..... (Name and full Postal address) and I pay him  
Rs.....(amount of rent in words & figure) as rent per month.  
I have been living in this house continuously from..... (Date)

(b) No other person who is a Government /V.V. Servant resides with me in above house.

OR

The following persons who are Government/V.V. Servants reside with me in the above house.

Name of Government/V.V. Servant	Office in which working with full particulars

The particulars given above are true the best of my knowledge.

Signature:-.....

Name:-.....

Date:-.....

**FORM 'B'**  
**DECLARATION**

I.....(Name)

.....(Designation and office) declare as under.

(a) That I reside in the house located at.....  
.....(Full Postal Address) belongs to  
me/my spouse/ children/father/mother (Strike of whichever is in applicable  
and if it belong to any other than self, give the name and address of aforesaid  
relation to whom it belongs) and I do not pay rent to anybody. I have been  
living in this house continuously from.....(date).

(b) That I am paying/ contributing towards house or property tax or maintenance  
of house.

(c) No other person who is a Government /V.V. Servant resides with me in above  
house.

OR

The following persons who are Government/V.V. Servants reside with me in  
the above house.

Name of Government/V.V. Servant	Office in which working with full particulars

The particulars given above are true the best of my knowledge.

Signature:-.....

Name:-.....

Date:-.....

(IN TRIPLICATE)

**FORM 'C'**

I.....Designation.....  
Declare as under.....that there  
has been no change in respect of the house where i live in and for which I had  
given a declaration in form 'A' and 'B' (strike off whichever is not applicable.)

OR

Certain material change have occurred sign.....  
(Date) and hence a fresh declaration in form 'A' and 'B' is enclosed.

The particulars given above are true the best of my knowledge.

Signature:-.....

Name:-.....

Date:-.....

(To Be Submitted In Quadruplicate)

**OPTION TO SWITCHOVER TO FIXED MEDICAL ALLOWANCE OR  
TO CONTINUE IN MEDICAL REIMBURSEMENT FACILITY**

I/Dr./Shri/Smt/Ku.....  
Designation .....serving in the  
office of the.....

Hereby submit my option as under-

I. At present, I am under the Medical Reimbursement system and finally opt. to continue in the same system until the date of my retirement.

OR

II. At present, I am under the Medical Reimbursement system and finally opt. to switch over to the Fixed Medical Allowance with effect, from dated...../...../20..... until the date of my retirement.

Dated...../...../20...

(Signature of employee)

Full Name.....

Designation.....

Dept. /Office.....

.....

.....

Option received in the

Office on.....

(Signature & Seal)

(COUNTER SIGNED)

(Signature of D.D.O.

With Seal and date)

Note:- only one of the above two options be ticked as  $\checkmark$  and the other must be struck off, visibly)

(To Be Submitted In Quadruplicate)

**UNDERTAKING**

I/Dr./Shri/Smt/Ku.....  
Designation .....am serving in  
the office of the .....JNKVV at  
(Station).....

My Husband/Wife (Named) Shri/Smt.....  
Is serving on the post of .....  
In the office of the.....

As I have opted for fixed Medical Allowance with effect from.../.../20....  
In JNKVV my Husband/Wife will not to claim any kind of Medical  
facility/reimbursement etc. myself and other member of the family in his/her  
department/ office as addressed above.

Dated...../...../20...

(Signature of employee)

Full Name:-.....

Address:-.....

.....

.....

.....

(Counter Signed)

Dated...../...../20...

(Drawing and Disbursing Officer seal)

**NOTE:- Branch of this Undertaking and false information there under will be  
dealt legally.**

(To Be Submitted In Quadruplicate)

**DECLARATION**

I.....Designation.....  
serving in the office/Dept. of the .....JNKVV at  
(Station).....hereby declare that,

I. My Spouse Smt/Shri.....  
(Wife/Husband) is in service in the .....  
Office/ Department (State Govt. / Central Govt. / Undertaking local  
Authority/Corporation/Vishwa Vidyalaya) Designation

.....  
Full Office Address .....  
Where the facility of Fixed Medical Allowance reimbursement is  
extended to and availed by her/him.

OR

My Spouse Smt/Shri.....  
(Wife/Husband) is in service in the .....  
Office/Dept.(State Govt. /Central Govt./Undertaking local Authority/  
Corporation/ Vishwa Vidyalaya) Designation.....

Full Office Address .....  
Where the facility of Fixed Medical Allowance reimbursement is  
neither extended to and availed by her.

OR

My Spouse Smt/Shri.....  
(Wife/Husband) is neither in service in any Office/Dept.(State Govt.  
/Central Govt./Undertaking local Authority/ Corporation/ Vishwa  
Vidyalaya) Nor any Medical Allowance facility is extended to and  
availed of by her/him.

II. I also declare that the detail of my family members is as under and they  
are fully dependent on me.

S.No.	Name	Age	Relationship
01.			
02.			
03.			
04.			

(Counter Signed)

Dated...../...../20...  
Signature of D.D.O.  
With Seal and date

(Signature of employee)

Full Name:-.....  
Designation:-.....  
Office:-.....