

**ADITI MAHAVIDYALAYA
(UNIVERSITY OF DELHI)
AUCHANDI ROAD, BAWANA
DELHI -110039**

SPOUSE INFORMATION AS ON JANUARY 20

A. SELF INFORMATION

1. Name : _____
2. Designation : _____
3. Department : _____
4. Residential Address : _____
5. Home Town Address : _____
(As declared in service book)
6. Qualification : _____
7. Training Programme attended : _____
8. Whether residential house is Owned / Rented / Government Alloted / Parental
9. Whether receiving House Rent Allowance : Yes / No
10. Whether claiming Medical Facility for self and family : Yes/No
11. Whether member of WUS Health Centre : Yes/No
- a. Token Number (If yes)
12. Whether claiming reimbursement of children Education Allowance : Yes /No
13. Whether claiming reimbursement of Leave Travel Concession : Yes/No

B. SPOUSE INFORMATION

14. Name of the Spouse : _____
- a. If working, Office address : _____
- b. Designation : _____
- c. Department : _____

Whether following facilities has been received by Spouse from his/her office

15. House Rent Allowance : Yes/No
16. Medical Facility for self and family : Yes/No
17. Childern Education Allowance : Yes/No
18. Leave Travel Concession for self and family : Yes/No

I undertake to declare the above facts to be true to the best of my knowlwdge and belief.

Dated :

Signature _____