



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
"A State University established by the Govt. Of NCT of Delhi"
SECTOR-16 C, DWARKA, NEW DELHI-110078

No.F.1(4)(47)/2004/ Estt.-NT/ 12314

Dated the 25th March, 2025

Memorandum

It has been observed that spouse of many of employees of the University, are also working either in the University or in State/Central Government/Undertaking/Autonomous organisation of the Government and both are drawing Fixed Medical Allowance separately from the University or from the other government departments.

This issue has been examined, in consultation with the Finance and Accounts Department, which has clarified that the Medical Allowance can be drawn either of the employee and both are being member of the same family unit, since, fixed medial allowance facility has been intended to be given by the University for the whole family.

In this context, it has been decided by the Competent Authority that w.e.f. 01.04.2025, the fixed medical allowance facility shall be available only to one of the employee of the University in case both husband and wife are working in this University. The same criteria shall also be followed, in the case of such employee, whose spouse is not working in the University but is employee of Government/ Autonomous organisation/Undertaking of the Government.

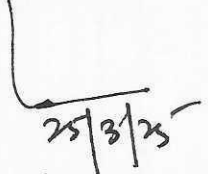
However, the option to avail the fixed medical allowance shall remains lie at the discretion of the employee of the University in either of the above referred cases, for which, option is hereby invited to be furnish latest by 31.03.2025 positively.

In case, no option is furnished by the eligible employee, it will be presumed that the said employee is not inclined to avail the fixed medical allowance facility w.e.f. 01.04.2025.

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It is, therefore, desired that all the interested employees shall submit their option within the timeline, so specified above, alongwith declaration of the details of their family (on the enclosed proforma) which inter-alia includes details of employment of their spouse latest by 31.03.2025, so that, the disbursement of fixed medical allowance may be regulated and streamlined as intended in the MATR policy regulations.

This issues with the prior approval of the Competent Authority.


(Dr. Kamal Pathak)
Registrar


Encls: as above

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Dated the 25th March, 2025

Copy forwarded to the following for information & necessary action:

1. All Deans/Directors, GGSIP University.
2. Controller of Finance, GGS Indraprastha University.
3. COE-I & II, GGSIP University.
4. Proctor, GGSIP University
5. Chief Warden, GGSIP University.
6. In-Charge Library, GGSIP University.
7. CVO, GGSIP University.
8. All Branch In-charge(s)/JointRegistrar(s)/Dy.Registrar(s)/Asstt.Registrar(s)/PRO/
Medical Officer, GGSIP University.
9. SE, UWD, GGSIP University.
10. Asstt. Registrar, Vice Chancellor Secretariat, GGSIP University.
11. Asstt. Registrar, O/o Registrar, GGSIP University.
12. Head, UITS, with the request to upload the memo on University's website.
13. Guard File.


(Bhupinder Singh)
Deputy Registrar (Estt.-NT)

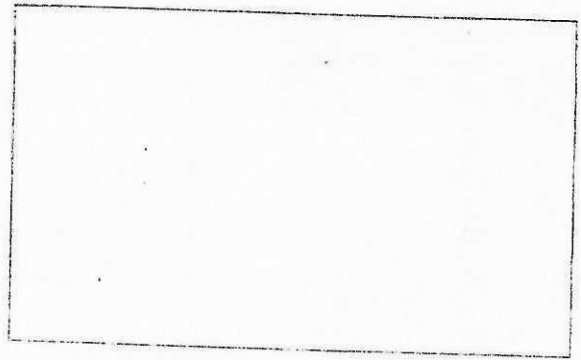


DECLARATION OF DEPENDENT FAMILY MEMBERS :

1. Name of the University Employee : _____
2. Employee Code : _____
3. Designation : _____
4. Place of posting : _____
5. Date of Birth : _____
6. Date of Appointment : _____
7. Contact No. & E-mail ID : _____
8. Details of the members of my family as on : _____

S.No.	Name of the Family members	Date of Birth/ age	Relation with the official	Occupation/ monthly income, if any	Remarks
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					

9. Past below a group photograph of your Family Members (Size 3x2") for records :



10. I declare/ undertake that :
- (a) The above named my family members are wholly dependant upon me and are also residing/ not residing with me.
 - (b) That the income of above indicated each family members (other than spouse) from all sources including Pension/ Family Pension and Pension équivalent of DCRG is Rs.3,500/- (or less) plus the amount of Dearness Relief admissible on the Rs.3,500/-. In this regard, an Affidavit is required to be submitted by the official/officer.
 - (c) My spouse is not in service. If in service, a certificate or Joint Declaration Form duly attested by the Office of the spouse indicating, who will be preferring the claim, is required to be submitted by the Official/ officer.
 - (d) That my Father/ Mother/ Father-in-Law/ Mother-in-Law is/ are not a retired pensioner. If, yes, attached the income certificate for the amount of pension drawn by him/ them.
 - (e) That any change in the list of Family members or in their dependency status will be intimated to the University.
 - (f) That the above information furnished by me is correct and that no information has been concealed or misrepresented. If any information is found wrong at any stage, I shall be held liable for the same.
 - (g) In case any verification is carried out by the University about the income of dependent members and the same is found incorrect/ false, a strict disciplinary action may be taken against me.

Place : _____

Date : _____

Signature of the Employee

SIGNATURE OF HEAD OF OFFICE
WITH SEAL



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JOINT DECLARATION IN THE CASE OF WHERE HUSBAND AND WIFE BOTH ARE IN SERVICE.

DECLARATION BY THE HUSBAND

I, _____ hereby declare that my wife Smt. _____
is working in _____ as _____.

I also declare that I will avail all the benefits such as Medical Facilities, Leave Travel Concession, Children
Education Assistance etc. from my office/from the office of my wife for myself and my family members including

(Name & relation of the family members).

Signature : _____

Designation : _____

Branch/School : _____

Emp. Code No. : _____

Mobile No. : _____

E-mail : _____

(To be signed by the employer of the Husband).

DECLARATION BY THE WIFE

I, _____ hereby declare that my husband Sh. _____
is working in _____ as _____.

I also declare that I will avail all the benefits such as Medical Facilities, Leave Travel Concession, Children
Education Assistance etc. from my office/from the office of my husband for myself and my family members
including _____

(Name & relation of the family members).

Signature : _____

Designation : _____

Branch/School : _____

Emp. Code No. : _____

Mobile No. : _____

E-mail : _____

(To be signed by the employer of the Wife).

Note:

1. Acceptance of the declaration by the Competent Authority of the spouse's office should be submitted alongwith the declaration.
2. In case of any change in future, the same should also be intimated jointly.