

**BHASKARACHARYA COLLEGE OF APPLIED SCIENCES
(UNIVERSITY OF DELHI)
SECTOR-2, DWARKA, NEW DELHI-110075**

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 Allotted / 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

A. 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. Children 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 knowledge & belief.

Dated:

Signature _____