

Date: 07/10/2020

NOTICE

Kindly fill the attached Spouse Information Form and send it by mail to : acgargicollege@gmail.com latest by 09/10/2020.

SPOUSE INFORMATION

1	Name & Designation of employee	
2	Pay & GP	
3	HRA drawn	
4	Whether medical facility availed under reimbursement scheme (DGHS)	
5	Whether spouse is in government service/Bank/autonomous body/undertaking. Give name & address of spouse's office and name & designation of spouse	
6	Pay & GP of spouse	
7	HRA drawn by spouse	
8.	Details of Family	
9	Whether medical facility availing by spouse	
10	Whether own residence/ govt. Accommodation	
11	Residential address	
12	If rented, amount of rent being paid	
13	Signature of government servant with date	
14	Counter signature by HOO with date	

[Handwritten signature]