

PERFORMA FOR SPOUSE INFORMATION

Employee Name & ID	
Designation	
Basic Pay	
HRA per month	
Medical facility allow per month	
Accommodation.	Own / Rental / Govt.
Residential Address	
Name of Spouse	
Whether Spouse employed, if yes, the name of employer and address	
Basic pay of the Spouse	
HRA of Spouse	
Whether Spouse availing Medical / LTC facilities	
Any other information	
Signature of Employee	

Signature & Seal of Head of office