

DECLARATION BY THE EMPLOYEE APPLYING UNDER SPOUSE

I, Dr/Sri/Smt.....,
(Name)(Designation) at.....(Place
of Working), do here by certify that I and My spouse have not availed Spouse Preferential category
in transfers for the Past 8 Years. If any Information is found false on later date I am liable for
disciplinary or any other Suitable action.

Signature of the Employee.

Station
Date:

Signature of the Head of the Institution.