

**SPOUSE CERTIFICATE**

This is to certify that Smt/Sri .....,  
H/O.,W/O....., Designation at .....,  
Place of Working....., has been working as  
..... Designation at.....,  
in the office of the DCHS/Medical Superintendent/Civil Surgeon Specialist/Deputy Civil  
Surgeon .., District Hospital/Area Hospital/Community Health  
Centre..... Since .....(Date, Month and  
Year) It is also further certified that She/ He has not availed Spouse priority For Transfers  
for the last 08 years as per the Office and Service Records.

Station  
Date:

Signature of the Head of the Institution.

**DECLARATION BY THE EMPLOYEE APPLYING UNDER SPOUSE**

I, Dr/Sri/Smt.....,  
(Name) .....(Designation).....(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.