SELF DECLARATION FORM

Claim under Preferential Category for District Allotment

From Sri/Smt. _____ Employee ID: _____ Designation: _____ School: _____ Mandal: _____ District: _____	**To** The District Educational Officer, _____ District. **Through:** The Mandal Educational Officer, _____ Mandal.

Subject: Self Declaration for claiming Preferential Category under District Allotment – Reg.

I, Sri/Smt. _____, S/o/D/o/W/o _____, working as _____ at _____ hereby declare that I am claiming Preferential Category under the Government Orders/guidelines.

Employee Details
Employee Name: _____
Employee ID: _____
Designation: _____
Present School: _____
Present Working District: _____
Requested District: _____
Category Claimed: Medical / Spouse / PH / Widow / Other
Supporting Documents Enclosed: _____

Declaration: I hereby declare that the information furnished above and documents enclosed are true and correct. If any information is found false or suppressed, I am liable for action under the applicable Government rules and my claim is liable for rejection.

Place: _____

Date: ____/____/2026

Signature of the Employee

Forwarding by the Mandal Educational Officer
Certified that the particulars furnished by the above employee have been verified with available records and the application is forwarded to the District Educational Officer for favour of necessary action.

Place: _____
Date: ____/____/2026

Signature of the Mandal Educational Officer
Office Seal