**Annexure A**

**UNDERTAKING**

I, Dr………………………………………………………….., Drawing and Disbursing Officer of the o/o ……………………………..………….certify that the basic data of all Veterinary Surgeons posted in the Department has been entered correctly in the HRMS database as per the service record of the employee, the summary of which is given hereunder:-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Designation** | **Total No. Of Sanctioned Posts** | **Total No. of filled Posts** | **Total No. of employees whose Data is Verified and freezed in Online Transfer Drive** | **Total no. of employees whose period at present station is more than 5 years** | **Total no. of employees whose period at present station is between 3 to 5 years** |
| **Veterinary Surgeons** |  |  |  |  |  |

The Department may go ahead with Online Transfer Drive

**Signature with stamp**