## **CERTIFICATE OF EXPERIENCE**

Name of the firm (Company/Corporation/Government Department/Co-operative Institution etc.)	;
Register Number (SSI Registration Number or any other Registration Number)	:
Date of Registration Authority Issued Registration	: :
Issued to (here enter Name & Addres	s)
this institution asand/or the nature of assignment held in th	ntioned person has worked/has been working in (here enter the name of the post held e capacity) on Rs per day/per months days from to
Date:	Signature Name & Designation of the Issuing authority with Name of the Institution.
(Offi	ice Seal)
DECL	ARATION
above Experience certificate has actually we the nature of Employment) in the above Ir	7
	zed officer to inspect the Registers kept by the
Place: Date:  (Office Seal)	Signature with date Name of the Attesting Officer with Designation and Name of Office.
( 33	

Note: The veracity of the experience certificates will be subjected to scrutiny and legal actions will be taken against the authorities who issue and the candidates who produce bogus certificates