EXPERIENCE CERTIFICATE

Name of the firm (Company /Corpora /Co-operative institu	tion/Government Department ation etc)	:
Register Number (SSI Registration or	any other Registration Number)	:
Date of Registration	1	:
Registration Issuing	Authority	:
This is to o	certify that Sri	
		the Candidate) has worked/has been working in this
institution as		(Here enter the name of post holding or
	· ·	'paid/unpaid apprentice/ regular worker or any other
capacity holding or	held in the institution) on Rs	per day/per mensum for the period
ofyears	days fron	1to
		Dated Signature
Place Date:	(Office Seal)	Name & Designation of the Issuing Authority with name of the Institution.
	<u>CERTI</u>	FICATE
certificate has actua	ılly worked/is working as	
	-	herein as per the entry in the
	the Register to be specified) mai	ntained by the employer as per the provisions of the ame of Act/Rules to be specified).
	ed that I am the authorized person e Act/Rules of the State/Central Go	to inspect the Registers kept by the Employer as per overnment.
Place: Date :	(Office Seal)	Signature with Date Name of the Attesting Officer with Designation and Name of Office.

(The Experience Certificate and the Certificate of Countersigning Authority should be in a single page).

- 1. The Experience should be acquired after obtaining the academic or other basic Qualifications.
- 2. The veracity of the Experience Certificate will be subjected to scrutiny and action will be taken against those who issue or produce bogus certificate. The Experience Certificate should be countersigned by an Authorized Officer of the State/Central Government.
- 3. For further details regarding experience, please see Para 20 of Part II of the General Conditions.