

Name of the Firm (Company/Corporation/
Government Department/Co-operative Institution etc) :

Register Number (SSI Registration, Name of firm, :
Registration No., Date of Registration, etc. or any
other Registration with date of Registration)

Authority which issued the registration and :
where registered

CERTIFICATE OF EXPERIENCE

Issued to(here enter Name andAddress)
.....
..... This
is to certify that the above mentioned person has worked/has been working in this
institution

as.....(here enter the
name of the post held and or the nature of assignment held in the capacity) on
Rs.....per day/per mensum for a period of yearsmonths
days.....from.....to.....

Place:

Date of issue :

Signature

Name and Designation of the Issuing
Authority with Name of the Institution

(Office Seal)

Certificate

Certified that Sri/Smt.....mentioned
in the above experience Certificate has actually worked /is
working as..... (specify the nature of employment) in the
above Institution during the period mentioned there in as per the entry in the
aboveRegister (mention the name of Register) maintained by the
employer as per the provision ofact(Name of Act/Rules to be
specified)

I am the authorized person to inspect the Registers kept by the employer as per the provision of the Act/Rules of the.....State/Central Act.

Place :
Date :

(Office Seal)

Signature with date,
Name of Attesting Officer with
Designation and Name of Office
who is the notified Enforcement Officer
as per Act/Rules.