

## CERTIFICATE OF EXPERIENCE

Name of the firm (Company/ Corporation/ :  
Co-operative Institutions etc.)  
Register Number (SSI Registration or any other :  
Registration Number) and date of registration  
Authority issued registration :

Issued to -----(here enter name and address).

This is to certify that the above mentioned person has worked/has been working in this Institution as -----(here enter name of the post held or the nature of assignment held in the capacity) on ----- per day/per mensem for a period of ----- years ----- months ----- days from ----- to -----.

Place:

Signature with date

Date:

Name & 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 therein as per the entry in the-----Register (mention the name of Register) maintained by the employer as per the provision of -----Act (Name of the Act/Rules to be specified).

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

Place:

Signature with date

Date:

Name of the Attesting Officer with  
Designation & Name of Office, who is the  
notified Enforcement Officer as per Act/Rules

(Office Seal)