

APPENDIX
MODEL FORM OF CERTIFICATE OF EXPERIENCE

Name of the Firm (Company/ Corporation/ Govt. Dept./ Co-operative Institutions etc.) :

Register Number (SSI Registration or any other Registration Number) :

Date of Registration :

Authority issued Registration :

CERTIFICATE OF EXPERIENCE

Issued to Sri/Smt. (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 the name of post held and or the nature of assignment held in the capacity) on Rs. per day/ per mensem for a period of years months days from to

Place :
Date :

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 nature of employment) in the above institution during the period mentioned therein as per the entry in the register (Name of Register to be specified) maintained by the employer as per the provision of the Act (Name of the Act/ Rules to be specified).

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

Place :
Date :

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

(Office Seal)

Note:- The veracity of experience certificate will be subjected to scrutiny and legal action will be taken against those who issue or produce bogus certificate.

DECLARATION FOR THOSE WHO COULDN'T OBTAINED
EXPERIENCE CERTIFICATE

I Sri/Smt. (here enter name and address)
..... certify
that I have worked/ have been working/ is working in(here enter name of institution
/company/ corporation/ Govt. Department/ Co-operative institution etc.) as
..... (here enter the name of post holding
or held ie.Regular worker/ Temporary worker/ paid/ Apprentice/ Trainee/ Casual Labourer
etc.) on Rs per day/ per mensem for a period of years
months days from to I will produce
the prescribed experience certificate as and when called for by the Commission.

Place :
Date :

Signature of Candidate