

FORM OF EXPERIENCE CERTIFICATE

- 1. Name of the Firm :
(Company/Corporation/Government Department/
Co-Operative Institutions etc)

- 2. Registration Number :
(SSI Registration or any other Registration number
and date of Registration.)

- 3. Authority who issued Registration :

CERTIFICATE OF EXPERIENCE

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 the name of the post holding or
held and or the nature of assignment held in the capacity) on Rs.....per day/ per
mensem for a period ofyears.....months.....days from
.....to

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

Place:
Date: (Office Seal)

CERTIFICATE

Certify 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 above register maintained by the employer as per the provision of 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 provision of the Act/Rules of theState/Central Act.

Signature with date

Place :

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:-
- 1) Please specify the post held or nature of assignment, Casual Labourer, Paid/Unpaid Apprentice/Regular Worker or Temporary Worker.
 - 2) All Experience Certificates shall be duly certified by the concerned Controlling Officer/Head of Office of the Government. The genuineness of the certificate shall be subjected to verification and legal action will be taken against those who issue and produce bogus certificate.