

THE FORM OF CERTIFICATE TO BE PRODUCED BY THE CANDIDATE FOR CLAIMING EXPERIENCE**EXPERIENCE CERTIFICATE FORMAT**

Letter Head of the Institution/Issuing Authority

Name of the Organization:

Address of the Organization:

Date:

This is to certify that Shri/Ms S/o,D/o, W/o
is an employee of and the duties performed by
him/her during the period(d) are as under:

Name of the Organization	Name of the Post held	From (DD/MM/YY)	To (DD/MM/YY)	Total Period DD/MM/YY	Nature of Appointment	Field of Experience /specialization
(A)	(B)	(C)	(D)	(E)	(F)	(G)

Pay Scale/Pay Level and last Salary drawn	Duties performed / experience gained in brief in each post	Place of Posting	Nature of Work Supervisory Level/ Middle Management Level/ Head of Branch	Remarks, if any
(H)	(I)	(J)	(K)	(L)

It is certified that above facts and figures are true and based on service records available in our organization.

Signature

Name of the Competent Authority

Stamp of the Competent Authority