## **ANNEXURE**

## **CERTIFICATE OF EXPERIENCE**

Co-operative Institution etc).	ion/Govt. Dep	:				
or operative montation etc.						
Registration No. (SSI Registration	or any other	:				
Registration Number) With date of	f Registration					
Authority from where Registration	obtained	:				
Issued to (here enter name a	nd address)					
······	ŕ					
					,	
the above mentioned person has		•	_			
(here enter the name	of post hole	ding or held an	d the na	ture of	assignmer	it ie.
Regular worker/ Temporary	worker/paid/A	Apprentice/Trainee	/Casual	Labou	rer etc.)	on
Rsper	day	permensem	for	a	period	of
yearsmonths	days 1	fromto	• • • • • • • • • • • • • • • • • • • •			
DI		Auth		_	on of the iss e of Institut	_
Place: Date of issue:  (C	Office Seal)					
Date of issue:		RATION				

Also certified that I am t	ne Authorised Officer to insp	ect the registers kept by the employer
as per the provisions of the	Act/Rules of the	he State/Central Government.

Signature with date
Name of Counter Signing Officer
with Designation and Name of Office who is
the notified enforcement officer as per Act &Rules

(Office Seal)

Place:

Date: