

Annexure

FORM OF EXPERIENCE CERTIFICATE

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

Register No.(C.O.A Registration or any :
other Registration Number
and Date of Registration)

Authority 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 held or holding/ or the nature of assignment holding or held in the institution) and his/her nature of work includes Computer Aided Building Drafting on Rs.....per day / per mensem for the period of ¼..... years months days from to

Place: _____ Signature,
Date: _____ (Office Seal) Name and Designation of the
Issuing Authority with Name of the
Institution

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 the Register) maintained by the employer as per the provision of the Act/Rules of theState/Central Act.

Also Certified that I am the Authorised Officer to inspect the registers kept by the employer as per the provisions of the ¼..... Act / Rules of the State / Central Government.

Place: _____ (Office Seal) *Signature with date,*
Date: _____ *Name of the Counter Signing Officer*
with Designation
and Name of Office

