		SERVICE	CE:	RTIFIC	<u>ATE</u>		
1)	Name of the Candida	ate	:				
2)	Post now held		:				
3)	Scale of pay and pay as on the date of application		:				
4)	Department		:				
5)	Total Service under Government with details.		:				
Post Scale of Pay		Duration		Date of declaration of probation			
			From To				
	Certified that the abo lidate and they are for				the Service pa	rticulars of the	
				Signature			
			N	Name:			
Place: Date:				Designation and address of Head of Office/Department			

(Office Seal)