CERTIFICATE OF EXPERIENCE

Name of the firm (operative Institution		rporation/ Co-	:				
Register Number (Registration Numb	_	-	· :				
Authority from wh	ere Registrat	tion obtained	:				
Issued	to	Sri/Smt	(here	enter	name	and	
address)	•••••						
		. This is to certi	fy that the ab	ove mentioned	person has wor	·ked/has	
been working/is w	orking in th	is Institution as	s		(here enter	name of	
the post holding or	r held and t	he nature of ass	ignment ie Re	egular worker/	Temporary work	er/Paid/	
Apprentice/Traine	e/Caual Labo	ourer etc) on Rs		per day	/per mensem (st	trike off	
which is not	applicable)	for a per	iod of	years	months	days	
from	to	•••••					
Place: Dated Signature							
Date : Name & Designation of the issuing auth Name of the Institution							
	(Office S	eal)					
		(CED/III)					
		CERT	IFICATE				
Certified tl	hat Sri/Smt		mentione	ed in the above	Experience Ce	ertificate	
has actually work	g as	(Speci	(Specify the nature of employment) in the				
above Institution o	during the p	eriod from	t	50	as per the	entry in	
the Register		(Name of	the Register	to be specifie	ed) maintained	by the	
employer as per th	e provision o	f the	Act	(Name of the A	.ct/Rules to be sp	pecified)	
Also certif	ed that I am	the authorised j	person to insp	ect the Registe	rs kept by the e	mployer	
as per the provision	n of the		Act/Rule	es of the State/C	Central Governm	nent.	
Place :				Signature wit	h data		
Place : Date :		Signature with date Name of the Attesting Officer with					
			_		of Office, who is to cer as per Act/R		

(Office Seal)