

Name of the Firm / :

Company / Corporation, etc.

/Government Department

/ Co-operative Institution

Register Number of SSI Registration :

Name of firm, Registration No.,

Date of Registration etc. or

any other Registration with date of 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 Lift Operator on Rs.....per day / per mensum for a period of yearsmonthsdays.....fromto.....

Place: Signature :

Date of issue : Name and Designation of :

the Issuing Authority with

(Office Seal) Name of the Institution

CERTIFICATE

Certified that Sri/Smt.....mentioned in the above experience Certificate has actually worked/is working as Lift Operartor in the above Institution during the period mentioned there in as per the entry in the above

..... Register (mention the name of Register) maintained by the employer as per the provision ofAct (Name of the Act/Rules to be specified)

I am the authorized person to inspect the Register kept by the employer as per the provision of the Act/Rules of theState/Central Act.

Signature with date :

Place : Name of Attesting Officer with :

Date : Designation and Name of Office

who is the notified Enforcement Officer

as per Act/Rules.

(Office Seal)

Note:- 1. Please specify the post held or nature of assignment, casual Labourer, Paid/ Unpaid Apprentice/Regular worker or Temporary worker.

2. All Experience certificate shall be duly certified by the concerned Controlling Officer/Head of Office of the Government.

The genuineness of the certificate shall be subjected to verification and legal action will be taken against those who issue and produce bogus certificate.