

# EXPERIENCE CERTIFICATE

Name of Firm :

Registration No. & Date of Registration :

Registration Issuing Authority :

This is to certify that Sri..... ..

..... ..

(*Name and Address of the Candidate*) has experience in playing Band, Bugle, Drum and allied Musical Instruments of Police Band Unit for ..... years in this institution. Also it is certified that this institution is a Firm/Institution/Band Troop having Registration under State/Central Government.

Place:

Dated Signature

Date:

(*Name & Designation of issuing Authority*)

[Office Seal]

## CERTIFICATE

Certified that .....

..... (Name and address of Firm) has Registration under

.....vide Registration Number .....

Place:

Dated Signature

Date:

(*Name & Designation of Registration issuing Authority*)

[Office Seal]