

The form of certificate to be produced by Candidates for claiming experience
Experience Certificate

Letter Head of the Institution/Issuing Authority

Telephone No: _____

Fax No.: _____

Name of Organization

Address of the Organization

Dated _____

This is to certify that Shri/Ms _____
 S/o,D/o,W/o Shri _____ was/is
 an employee of this Organization/Department/Ministry and duties performed by him /her during
 the period(s) are as under:

Name of post held	From dd/mm/yyyy	To dd/mm/yyyy	Total period dd/mm/yyyy	Nature of Appointment- Permanent, regular, Temporary, Part-time, Contract, Guest, Honorary etc.	Department/Specially/Field of experience
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
Pay Scale and last salary drawn	Duties performed / experience gained in brief in each post (please give details, if need to be, in attached sheet) (in case of Medical posts, please mention field of specialization)		Place of posting		Worked at supervisory level/middle management level/head of branch
(7)	(8)		(9)		(10)
1					
2					
3					

2. It is certified that above facts and figures are true and based on service records available in our organization/Department/Ministry.

Signature
 Name of competent authority
 Stamp of competent authority