

57

FORM OF EXPERIENCE CERTIFICATE

Name of the firm :
(Company /Corporation/Government Department /Co-operative institution etc)
Register Number :
(SSl Registration or any other Registration Number and Date of Registration)
Date of Registration :
Authority issued 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.....(here enter the name of the post held and or the nature of assignment held in the capacity) on Rs.....per day/per mensum for a period of.....yearsmonths.....days.....fromto.....

Signature
Name and Designation of the Issuing Authority with
Name of the Institution

Place :
Date :

(Office Seal)

CERTIFICATE

Certified that Sri/Smt.....mentioned in the above experience Certificate has actually worked/is working as.....(specify the nature of employment) 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 of.....act(Name of 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 the.....State/Central Act.

Signature with date,
Name of Attesting Officer with
Designation and Name of Office
who is the notified Enforcement Officer
as per Act/Rules

Place:
Date:

(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.