

This form of certificate is to be produced by Candidates for claiming experience
(to be omitted while submitting)

(Letter Head of the Institution/Issuing Authority)

EXPERIENCE CERTIFICATE

This is to certify that Mr/Mrs/Ms.....S/o,D/o,W/o.....
.....is an employee of.....Department. Essential details with regards to
his tenure with the Department are as follows:-

Name of post held	From dd/mm/yy	To dd/mm/yy	Total Period dd/mm/yy	Nature of Appointment- Permanent, regular, temporary, Part-time, contract, Guest, Honorary etc.	Department/Specialty/field of experience
1.	2.	3.	4.	5.	6.
Pay Scale and last salary drawn	Duties performed/experience gained in brief in each post(please give details, if needed 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.

It is certified that above facts and figures are true and based on service records available
in.....Department, Govt. of.....

Signature:

Name of Competent Authority:

Stamp of Competent Authority:

Place:

Date:.....