

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

Experience Certificate Format

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 Shriwas/is an employee of this Organization/Department/Ministry and duties performed by him/her during the period (s) are as under:.

Name of organization	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.	Field of experience/ Specialization
(a)	(b)	(c)	(d)	(e)	(f)	(g)

Pay scale and last salary drawn	Duties performed/experience gained in brief in each post	Place of posting	Worked at supervisory level/middle management level/head of branch	Remarks, if any
(h)	(i)	(j)	(k)	(l)

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