

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 capacity on Rs.per day/per mensem for period of years months days from to

Place: _____ Signature, name,
Date of Issue: _____ (Seal of Office) Designation of the Issuing Authority

*Note:- Please specify the post held/or nature of assignment casual-labourer, paid/unpaid apprentice/regular worker or temporary worker