

Experience Certificate Performa

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

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 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/ Specially/ 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 need be, in attached sheet)		Place of posting		Worked at supervisory level/middle management level/head of branch
(7)	(8)		(9)		(10)

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