

FORM OF CERTIFICATE TO BE PRODUCED BY CANDIDATES FOR CLAIMING EXPERIENCE

Experience Certificate

Letter Head of the Institution/Issuing Authority

Telephone No.....

Fax.....

No.....

Dated.....

Name of Organization

Address of the Organization

This is to certify that Dr./Shri/Ms.....S/o, D/o,W/o Shri.....was/is an employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are asunder:

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 / Visiting /Honorary etc.	Department/ Specialty / Field of experience
(1)	(2)	(3)	(4)	(5)	(6)

Monthly remuneration (total)	Duties performed/ experience gained in brief in each post	Place of posting	Nature of work: Research & Development / Industrial / Teaching/ Others- please indicate nature of work	Remarks, if any
(7)	(8)	(9)	(10)	(11)

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