

Performa-I
The form of certificate to be produced by candidates for claiming experience

Letter Head of the Institution/ Issuing Authority

Telephone No.

Name of Organisation
Address of the Organization

Dated_____

EXPERIENCE CERTIFICATE

This is to certify that 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 as under.

Name of post held	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Nature of Appointment- Permanent, Regular, Temporary, Part-time, Contract, Guest, Honorary etc	Field of Experience
(1)	(2)	(3)	(4)	(5)
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 Grade-4 level/ clerical level/ supervisory level/ middle management level/ head of branch
(6)	(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