

Format of Experience Certificate

This is to certify that Sh. / Smt. _____ joined the services of our organization on _____ as _____ (Designation / Post).

At present, he / she is working in our _____ Department / Office / Branch as _____.

The details of various positions held by him / her during the tenure with our organization as under:

S. No	Designation	Whether Designation is Officer or Clerical	From Date	To Date	Permanent / Contractual	Job Profile / Portfolio (Nature of duties performed)

If the employee has ever been placed under Disciplinary shadow (YES / NO): _____

Details of Adverse Report / Disciplinary Enquiry pending or contemplated, if any:

Whether conduct of the employee in organization was Satisfactory (YES / NO): _____

Date:

Name:

Place:

Designation & Department:

Stamp:

Note: The certificate on the above format should be issued by the Designated Authority on the letterhead of the organization and a copy of appointment letter from the said organization / company should be attached.