

**FORM OF EXPERIENCE CERTIFICATE**

Name of the firm :  
(Company/Corporation/Government Department/  
Co-operative Institution etc)

Register Number :  
(SSI Registration or any other Registration Number  
and Date of Registration

Authority issued Registration :

**CERTIFICATE OF EXPERIENECE**

Issued to (here enter Name and Address).....  
.....  
.....

This is to certify that the above mentioned person has worked/ has been working in  
this Institution/firm as..... (here enter  
the name of the post held and/ or the nature of assignment held in the capacity) on  
Rs. .... per day/per month for a period of ..... Years  
..... months ..... days ..... from ..... to  
.....

I hereby authorise the notified Enforcement Officer to inspect the register kept  
by the employer as per the provision of the Act/rules of the .....  
State/Central Act. #

(# This para is not applicable for Govt Department/s.)

Signature

Name and Designation of  
The Issuing Authority with  
Name of the Institution

Place :

Date :

(Office Seal)