Name of the Firm: (Company/Corporation/Government Department/Co-operative Institution etc.)	
Register Number: (SSI Registration or any other Registration Number & Date of Registration) Authority issued Registration	
CERTIFICATE OF EXPERIENCE	
Issued to (here enter Name and Addre	-
This is to certify that the above mentioned person has worked/has been working in this institute as	tion ame per
Signature, Name & Designation of the Issuin Authority with name of the Institution	_
Place Date: (Office Seal)	
<u>CERTIFICATE</u>	
Certified that Sri/Smt	nere of of
Signature with Date Name of the Attesting Officer with Designation and Name of office who is the notified Enforcement Officer as per Act /Rules Place: Date:  (Office Seal)	

## Note:-

- 1. Please specify the post held or nature of assignment, casual Labourer, Paid/Unpaid Apprentice/Regular worker or Temporary worker.
- 2. All Experience certificate shall be duly certified by the concerned Controlling Officer/Head of Office of the Government. The genuineness of the certificate shall be subjected to verification and legal action will be taken against those who issue and produce bogus certificate.