

## EXPERIENCE CERTIFICATE

Name of the Firm :

(Central/State Government Institution including Hospitals in  
Defence Sector/Railway/ESI/Autonomous Institution  
under Central/State Government)

Register No. :

Date of Registration :

Issued to (here enter name & address) .....

This is to certify that the above mentioned person has worked/has been working in this institution as Dialysis Technician on Rs..... per day/per mensem\* for a period of ..... years ..... months ..... days from.....to .....

He/She has ..... years ..... months ..... days experience as Dialysis Technician in this institution.

Place:

Date:

Signature

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

(Office Seal)

## CERTIFICATE

Certified that Sri/Smt ..... mentioned in the above Experience Certificate has actually worked /is working as Dialysis Technician in the above institution during the period mentioned therein as per the entry in the above register maintained by the employer as per the provision of ..... Act ( Name of the Act/Rules to be specified).

I am the authorised person to inspect the Registers kept by the employer as per the provision of the Act /Rules of the ..... State/Central Act.

Place:

Date:

Signature with date,

Name of Attesting Officer with Designation and Name of Office,  
who is the notified Enforcement Officer as per the Act/Rules.

(Office Seal)