## FORM OF EXPERIENCE CERTIFICATE

:

:

:

- 1. Name of the Firm (Company/Corporation/Government Department/ Co-Operative Institutions etc)
- Registration Number (SSI Registration or any other Registration number and date of Registration.)
- 3. Authority who issued Registration

## CERTIFICATE OF EXPERIENCE

Issued to
This is to certify that the above mentioned person has worked/has been working in this institution
s(here enter the name of the post holding or
eld) as Regular worker /Temporary worker /Apprentice /Trainee /Casual Labourer (Strike off
whichever is not applicable) on Rsper day/ per mensem for a period of
yearsmonthsdays fromto
and has Experience in the manufacture and quality control of Boilers during this
eriod.

Signature

Name and Designation of Issuing Authority with Name of the Institution

Place: Date:

(Office Seal)

## **CERTIFICATE**

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)

- Note:- 1) Please specify the post held or nature of assignment, Casual Labourer, Paid/Unpaid Apprentice/Regular Worker or Temporary Worker.
  - All Experience Certificates shall be duly certified by the concerned Controlling Officer/Head of Office of the Government.

Place : Date :