

**Format for Experience Certificate**

This is to certify that Mr./Ms./Dr. \_\_\_\_\_, S/o/D/o \_\_\_\_\_ is an employee of \_\_\_\_\_ (Employer name) and duties performed by him in various posts are hereunder:

Sl. No.	Name of the post held	Nature of Appointment (Regular/Contract)	Period of Appointment		Length of Service (Years, Months)	Department /Section	Pay level as per 7 <sup>th</sup> CPC	IDA Scale/Equivalence to 7 <sup>th</sup> CPC Scale	Last Basic Pay Drawn	Nature of Duties	Any other Remarks
			From (DD/MM/YYYY)	To (DD/MM/YYYY)							

It is certified that above facts and figures are true and based on service records available in our organization.

Date:

Signature of Competent Authority

Place:

**Note: The above table has to be filled for all experience mentioned in the application form in chronological order starting from the present experience.**