

## **Pattern of experience certificate required for the Post of Driver**

### **Prescribed pattern**

**//Certificate//**

Place: \_\_\_\_\_

Date: \_\_\_\_\_

1) I Mr. /Ms. \_\_\_\_\_

(Heavy vehicle owner's full name)

At/Po : \_\_\_\_\_ Tehsil: \_\_\_\_\_ District : \_\_\_\_\_ State: \_\_\_\_\_

Pincode \_\_\_\_\_ certify that Mr. \_\_\_\_\_

(Driver candidate's full name)

At/Po : \_\_\_\_\_ Tehsil: \_\_\_\_\_ District : \_\_\_\_\_ State: \_\_\_\_\_

Pincode \_\_\_\_\_ It belongs to my heavy (goods carrier truck) vehicle number \_\_\_\_\_

make \_\_\_\_\_ from date \_\_\_\_\_ to date \_\_\_\_\_ till. Total \_\_\_\_\_ years \_\_\_\_\_ months

Till this period I was employed as a driver and driving vehicle safely. Following is the information regarding this

2)

1)	Heavy vehicle permit license number and date of the issuance	:	_____
2)	Date of License received	:	_____
3)	RTO office that issued license	:	_____
4)	Date of heavy vehicle permit issuance	:	_____
2)	Permit renewal date	:	_____
3)	Badge No	:	_____
4)	Details of the accident during period of employment (Note: In case no accident happened during employment kindly state)	:	A) When did accident happened _____ B) Nature of accident _____ • Fatal _____ • Serious _____ • Minor _____ C) Reason of Accident _____ D) Was he held responsible for the accident? _____

3) During his tenure of employment with me, he was not involved in any ethical shameful/degradation crime. Also he is not addicted to alcohol or drugs. ( To be mentioned, if so.)

I hereby certify , the above mentioned details are checked and verified and give proof of experience for the driver for the said post.

\_\_\_\_\_

(Candidate's signature and date)

\_\_\_\_\_

(Heavy vehicle owner's signature and date)

(Rubber stamp is required of Truck Owner's Name/Firm)

4) Gazette officer/ Public representative recommendation

I hereby declare and recommend, the above mentioned candidate for the post of driver and the owner of the vehicle is known to me.

\_\_\_\_\_

(Gazette officer/ Public representative signature and date)

\_\_\_\_\_

(Name and Designation)

Resident of \_\_\_\_\_

Tehsil \_\_\_\_\_ District \_\_\_\_\_

(MP / MLA / District Council / Municipal Council President / Council Member District / Gazette recommend any one of these is carried out)

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