

STANDARDIZED FORMAT FOR EXPERIENCE CERTIFICATE

(Please note that the experience certificate must be submitted only in the format given below on letter head of the employer)

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Shri/Ms (Name), S/o / D/o Shri (father's name) has worked from (date-month-year) to (date-month-year). He/Shri has worked on permanent (as regular)/Fixed Tenure/Contract basis in our organization (Please tick whichever is applicable).

He/She has worked for working days (number of working days) (in words) during the period mentioned above.

He/She has handled following jobs & has gained proficiency in

The conduct of the employee, during the tenure as mentioned above, was found to be satisfactory.

Place :

Date :

SIGNATURE & SEAL
of the Authorized Signatory
of the Hospital/Organisation