

ANNEXURE-I

Name of Organization

Address of the Organization

Dated.....

This is to certify that Shri/Ms.....S/o, D/o, W/o Shri..... was/is an employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are as under:

Name of post held	From dd/mm/yy	To Dd/mm/yy	Total period dd/mm/yy	Nature of Appointment- Permanent, Regular, Temporary, Part-time, Contract, Guest, Honorary etc.	Department/Specially/Field of experience
(1)	(2)	(3)	(4)	(5)	(6)
Pay Scale and last salary drawn	Duties performed/experience gained in brief in each post(please give details, if need be, in attached sheet)(in case of Medical posts, please mention field of specialization)		Place of posting		Worked at Supervisory level/middle management level/head of branch
(7)	(8)		(9)		(10)

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

Signature

Name of competent authority

Stamp of competent authority