

FORMAT FOR EXPERIENCE CERTIFICATE

The tenure wise experience of Ms./Sh. _____ is as follows:

FROM DATE	TO DATE	Name of the post/ Designation	Place of Posting/ Project location (incl. capacity in MW, wherever applicable)	Nature & of appointment (permanent/ contractual/ fixed term)/ & Cadre (Executive/ Supervisory/ Workman)	Pay Scale & Basic pay (if applicable) AND/OR CTC p.a.	Department /Function/ Work Area/Field of experience	Brief details & roles / responsibilities held, or duties performed/works executed in the relevant area
1	2	3	4	5	6	7	8

Name of Signing Authority

Design:

Date:

P.S. The experience document should be issued on the official letterhead of the organization & signed and stamped by authorised signatory/employer.

(Name & designation of signing authority must be legible)