

Performa-VIII

The form of certificate to be produced by Candidates for claiming experience

FORM-I Experience Certificate

Letter Head of the Institution/Issuing Authority

Telephone No.....

Fax No.....

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

FORM-II
Experience Certificate
(For experience while pursuing DNB/DM/M.Ch Courses)

Letter Head of the Institution/Issuing Authority

Telephone No.....
Fax No.....

Name of Organization
Address of the Organization

Dated:.....

This is to certify that Dr.....son/Daughter/wife of Shri (Registration No.....) was a student for Diplomat of National Board(DNB)/Doctor in Medicine(DM)/Magister Chirurgiae (M.Ch.) in.....(Name of Course) examination vide Notification No.....dated.....The Degree of DNB/DM/M.Ch. in(Name of Specialty) awarded to Dr.....by this College/University is recognized by the Medical Council of India.

NOTE-I: The experience gained is recognized by the MCI or the Statutory body concerned for system of medicine as valid teaching experience (for teaching medical posts only).

NOTE-II: The medical institution/college from where the experience is/are gained, is/are recognized by the concerned medical authority (for medical posts only).

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

FORM-III
Experience Certificate

(For experience at Bar for Advocates)

Letter Head of the Institution/Issuing Authority

Telephone No.....

Fax No.....

Name of Organization
Address of the Organization

Dated:

This is to certify that Shri/Ms.....(Registration No.....) S/o. D/o W/o Shri.....has been practicing /practiced as an Advocate dealing with criminal/civil cases from.....to.....in the CAT/Session/Court/High Court/Supreme Court at.....

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