

**The form of certificate to be produced by Candidates for claiming experience
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/yyyy	To dd/mm/yyyy	Total period dd/mm/yyyy	Nature of Appointment- Permanent,regular, Temporary, Part-time, Contract,Guest, Honorary etc.	Department/S pecially/Field of experience
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
Pay Scale and last salary drawn	Duties performed / experience gained in brief in each post (please give details, if need to 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)
1					
2					
3					

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

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

Experience Certificate
(For experience at Bar for Advocates)

Letter Head of the Institution/Is suing 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