



Specialized Healthcare & Medical Education Department

EXPERIENCE CERTIFICATE

It is certified that Mr./Ms./Mrs. _____ has been/is employed in
_____ Department/Organization as _____
from _____ to _____.

Details of his/her experience are as under:-

Designation (with Pay Scale)	Field/Nature of Experience*	Duration	
		From	To

* Please specify clearly the field of experience such as MO/WMO/ Assistant Professor/Associate Professor and Nature of Experience such as Regular/Acting Charge/Officiating/Ad-hoc/Current Charge or Contract.

No. _____

Name & Designation of Issuing Authority with Official Stamp

Date: _____

Address _____

Telephone No. _____

NOTE:

- (i) *The Experience gained as on Daily basis, Part time, Visiting, Honorary and Apprentice shall not be considered/counted.*
- (ii) *The Experience gained as House Officers shall not be considered/ counted.*
- (iii) *Experience certificate on Regular/Acting Charge/Officiating/Ad-hoc/Current Charge or Contract basis must be issued by the Appointing Authority/Head of Institution/Organization/Department.*



Primary & Secondary Healthcare Department
EXPERIENCE CERTIFICATE

It is certified that Mr./Ms./Mrs. _____ has been/is employed in
_____ Department/Organization as _____
from _____ to _____.

Details of his/her experience are as under:-

Designation (with Pay Scale)	Field/Nature of Experience*	Duration	
		From	To

* Please specify clearly the field of experience such as MO/WMO/ Assistant Professor/Associate Professor and Nature of Experience such as Regular/Acting Charge/Officiating/Ad-hoc/Current Charge or Contract.

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