

## Certificate of Experience

( Only for Assistant Motor Vehicle Inspector Examination )

[Certificate to be furnished by the Employer on letter head ]

It is certified that †Shri/Smt./Kum \_\_\_\_\_ was working in this Organisation/Institution holding \_\_\_\_\_ (Name of post) Technical/Non-technical post is having full time experience of repairs and maintenance of the Light Motor Vehicle, Heavy Goods Transport Vehicle and Heavy Passenger Transport Vehicle.

2.His/her total experience in our Organisation/Institution is as follows :

Sr. No.	Period From - to	Post Held	Nature of Appointment #	Pay Scale	Last Pay Drawn
(1)					
(2)					
(3)					
(4)					
(5)					

# State whether Daily Wages/Work charged/Contract basis/Honorarium/Hour basis/Periodical/Part time/on stipend/Visiting/contributory/Without pay/Incharge/Additional charge/Ad-hoc/ Regular/ Temporary/ Permanent/ Apprentice/ Internship.

3. Certified that the service particulars of †Shri/Smt./Kum. \_\_\_\_\_ Designation \_\_\_\_\_ given in application are correct and he/she possesses educational qualification and experience mentioned in the advertisement.

4. It is also certified that there is no disciplinary/vigilance or any other case is pending or contemplated against †Shri/Smt./Kum. \_\_\_\_\_ and his/her integrity is beyond doubt.

5. No major/minor penalties have been imposed on him/her during his service / Details of penalties imposed during his service are as given in attached statement.

6. The nature of duties performed by him/her during the period for which he holds the post(s) is detailed in the attached sheet.

7. Certified that in the event of selection of † Shri/Smt./Kum. \_\_\_\_\_ he/she will be relieved of his duties in this office.

8. Certified that our Garage / Workshop has been registered with Directorate of Industries as a Small Scale Industry or Registered as Small Scale Industry under the ..... Act. Vide registration Number ..... dt.....†

9. † Certified that no break(s) is / are given in his / her service or the exact dates of break(s) in his / her service is / are from ..... to ....., ..... to ....., ..... to .....

10. Certified that annual turnover of our Garage / Workshop is Rs.....†

Place:

Date:

Office Seal:

Signature:

Designation :

Full Office Address:

\_\_\_\_\_  
\_\_\_\_\_

- Encl. :      1) Nature of duties.  
              2) Details of penalties (if applicable).  
              3) Copy of Registration Certificate  
              4) Copy of PAN Card

Contact No.STD Code:-  
Telephone No.:-

† Strike out which is not applicable