

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<br>dd/mm/yyyy   | To<br>dd/mm/yyyy | Total period<br>dd/mm/yyyy | Nature of Appointment-<br>Permanent,regular,<br>Temporary,<br>Part-time,<br>Contract,Guest,<br>Honorary etc. | Department/S<br>pecially/Field<br>of experience                                   |
|--|--|------------------|----------------------------|--|---|
| (1)                                      | (2)  | (3)              | (4)                        | (5)  | (6)   |
| 1  |  |                  |                            |  |   |
| 2  |  |                  |                            |  |   |
| 3  |  |                  |                            |  |   |
| Pay Scale<br>and last<br>salary<br>drawn | Duties performed /<br>experience gained in brief<br>in each post (please give<br>details, if need to be, in<br>attached sheet) (in case of<br>Medical posts, please<br>mention field of<br>specialization) |                  | Place of posting           |  | Worked at<br>supervisory<br>level/middle<br>management<br>level/head of<br>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  
ent authority