

Annexure-IV

EXPERIENCE CERTIFICATE

1	Name of the Candidate								
2	Name and address of the Institution in which employed								
3	Type of Institution (Govt / Aided / Self Financing)								
4	Date of appointment as Lecturer								
5	Subjects taught								
	Sl. No.	Subjects taught	No. of periods per week	Period of Service					
				Date from	Date to	Period			
						Y	M	D	
	i								
	ii								
	iii								
	iv								
	v								
		Total							

Certified that the above facts are true as per office records.

Place :

Signature :

Date :

Name :

Seal :

Designation :

(Head of institution)

Verified the above facts with reference to the records and found correct

Ref. No.

Signature :

Place :

Name :

Date :

Designation :

Seal :

Additional Director/Assistant Director, Technical Education, Chennai

Note

1. Inconsistencies / errors that are not attested by the issuing officer with seal will result in rejection of the certificate.
2. The countersigning authorities should keep photocopies of the certificates issued by them for future verification.
3. Separate form should be used for each institution.