

FORMAT OF EXPERIENCE CERTIFICATE

This is to certify that _____
S/o _____, D/o _____ has been
working/has worked as Assistant Professor (Regular/Temporary/Ad
hoc/Contract/ Guest Faculty/ Part-time) in the consolidated salary/pay-scale
of ₹ _____ (mention consolidated salary/pay-scale)
w.e.f. _____ to _____.

This is further certified that he/she has been taking/has taken the
assigned _____ hours per week workload for teaching Under-
graduate/ Post- graduate/both Under-graduate and Post-graduate classes
during the above mentioned period.

**Full Signature of Authority
with Official Stamp**

Full Name, Designation and Address of the Authority

