

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

