

Teaching/Research Experience

Reference No.....

Issuing date.....

Name of the School/ Institute/ Organisation

Address of the School/ Institute/Organisation

.....

.....

..... District..... State.....

..... PIN CODE

Telephone No: Land Line.....

Fax..... Mobile No.....

Please paste
your attested
photograph

This is to certify that Dr./Mr./Mrs./Ms.

.....W/o/S/o.....has been served/ serving this

School/ Institute/ Organisation as (PRT/TGT/PGT/Research Investigator/Others (specify the name).....and taught the subject/s

1.....2.....3.....or

pursued/pursuing the research work on the..... topic

..... since (* **Attach attested photo copy of**

Appointment Letter)..... to.....

Since Joining to till date he/she served this School/ Institute/ Organisation foryears.....months..... days. The school/institute/organization is affiliated from

CBSE/ICSE/NCTE/ State Board (specify the name).....The Affiliation No. of the

school/institute/organization from CBSE/ICSE/NCTE/ State Board

is.....dated.....

Signature of the Principal/Director
(With Seal)

Name and

Address.....

.....

Countersigned by District Education Officer/ Concerned Authorized Officer
(With Seal)

Name and address:

.....

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