**Experience/Service Certificate Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | | |
| **Address:** |  | | |
| **Contact:** |  | **Email:** |  |

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Employee ID:** |  | **Department/Division:** |  |
| **Designation:** |  | **Date of Joining:** |  |
| **Last Working Day:** |  | **Contact Number:** |  |
| **Email Address:** |  |  |  |

**Section 2: Reason for Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ Resignation | ☐ Retirement | ☐ End of Contract | ☐ Termination | ☐ Other: |

**Section 3: Certificate Details**

|  |  |
| --- | --- |
| **Type of Certificate Requested** | **☐ Experience Certificate  ☐ Service Certificate** |
| Purpose of Certificate |  |
| Preferred Mode of Delivery | ☐ Email  ☐ Printed Copy  ☐ Both |
| Delivery Address (if applicable) |  |

**Section 4: Confirmation**

I hereby confirm that all my dues and responsibilities have been cleared with my department and I request the issuance of my Experience/Service Certificate.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**Section 5: Departmental Verification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | **Verified By** | **Signature** | **Date** | **Remarks** |
| HR Department |  |  |  |  |
| Finance Department |  |  |  |  |
| Admin/IT Department |  |  |  |  |

**Section 6: HR Use Only**

|  |  |
| --- | --- |
| Request Received On | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |
| Certificate Prepared By | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Certificate Issued On | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |
| Issued By (Name & Designation) |  |
| Mode of Delivery | ☐ Email  ☐ Printed Copy  ☐ Both |

**For Office Use:**

Certificate No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Filed in Employee Record: ☐ Yes  ☐ No