Date: _	
---------	--

## **Experience Certificate**

This is to certify that <b>Mr./Ms./</b> company name)	•	oyed with us . <b>He/She</b> served the
company in the post of	(designation) in	(department).
<b>He/She</b> has been relieved fro organization and we wish <b>him</b>		e rules and regulations of our r future endeavors.
		For
		Authorized Signatory