EXPERIENCE CERTIFICATE

It is certified that Mr./Ms._____ S/D/W of _____

CNIC No._____ has been is employed in _____

(Institution Office Name)_____from_____to

_____in the capacity of _____Designation in full

Name of issuing Authority: _____

Designation of Issuing Authority: _____

Signature & Stamp of Issuing Authority: _____

Contact Details of Issuing Authority: _____

Registration Certificate Number: _____

Office Address of employer: _____

Date: _____