

**THE FORM OF CERTIFICATE TO BE PRODUCED BY DEPARTMENTAL CANDIDATES  
EMPLOYEES FOR CLAIMING AGE CONCESSION**

**(Letter Head of the Institution/Issuing Authority)**

**No. ....**

**Date: [DD/MM/YYYY]**

**CERTIFICATE FOR CLAIMING AGE CONCESSION FOR APPLYING AGAINST ADVERTISEMENT  
NUMBER**

This is to certify that Dr./Mr./Ms. ....S/o/D/o/W/o Shri.....  
is a regularly appointed employee of ..... (Name of the Institute) and duties  
performed by him/her during the period(s) are as under:

- (i) .....
- (ii) .....
- (iii) .....

Certified that:

\*(a) Dr./Mr./Ms. ....holds substantively a permanent  
post of .....in the..... (Name of the Institute) with effect  
from .....to .....

OR

\*(b) Dr./Mr./Ms..... has been continuously in temporary service on a regular  
basis in the post of ..... at ..... (Name of the Institute) with  
effect from ..... to .....

*\* Strike out which is not applicable.*

**Place: .....**

**For [Name of the Institute],**

[Signature of Issuing Authority]  
[Name of Issuing Authority]  
[Designation of Issuing Authority]  
[Official Seal/Stamp]