

**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 ofin the..... (Name of the Institute) with effect
fromto

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]