**PROFORMA –IV**

**EMPLOYERS CERTIFICATE**

 This is to certify that Sri/Smt. ………………………………………………………

S/o,D/o,W/o,H/o.……………………………………………...aged………..years residing at…………………………………………............................................................................

is an employee of this organization/Govt. Dept. / Service / Company serving as ………………………… He / She has put in continuous / intermittent service of ………………………(in words) ………………Years in this organization/Govt. Department /Service / Company His / Her Employee No./ Token No. / Serial No is ………………..

**Place :**

**Dated :** **Authorised Designated**

 **Officer of concerned**

 **Organization/Department/Service/Company**