**KIDS KINGDOM CONVENT SCHOOL SINGHEWALA**

**APPLICATION FOR SEEKING EXPERIENCE CERTIFICATE**

**PARTICULARS OF FACULTY**

1. Name ------------------------------------------------------------------------------------------------------------------------------
2. Designation ------------------------------------------------------------------------------------------------------------------------------
3. Subject of Teaching ------------------------------------------------------------------------------------------------------------------------------
4. Classes to which taught ------------------------------------------------------------------------------------------------------------------------------
5. Date of Joining ------------------------------------------------------------------------------------------------------------------------------
6. Date of Relieving ------------------------------------------------------------------------------------------------------------------------------
7. Contact Number  ------------------------------------------------------------------------------------------------------------------------------

Please issue me experience certificate for period ----------------------------------------to ------------------------------------------ This certificate is needed for the following purpose --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Date ----------------------------------- Signature of Applicant

**OFFICE USE**

Verified from record , the above particulars are correct and Mr./ Mrs./ Ms. ---------------------------------------------------------------- S/O/W/O/D/O Sh. ------------------------------------------------------------------------------------- who hasworked as ----------------------------------------------------------------------------------- from ----------------------------------------------------to -------------------------------------------------------------------may be issued experience certificate for period -----------------------------------------to ----------------------------------------------- . There is nothing adverse against her/him as per school record / her/his personal file ( If any may be specified ) ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Accounts Office Record Keeper

Recommended for Issuance

PRINCIPAL KKCS

Marked to P.A. to Principal