

FORM-2
(WIREMAN-MV)

EXPERIENCE CERTIFICATE FROM EMPLOYER
(In case of working under Industry registered under Factory Act 1948)

Date: _____

This is to certify that the applicant (name) _____ is working in this organization Registered under Factory Act-1948 (Consumer No. _____ of (CESU/NESCO/WESCO/SOUTHCO)DISCOM. He/She is working under the supervision of our Electrical Supervisor, Name: _____ and SCC No. _____ and the details of works for which he/she is engaged is as mentioned below.

Sl. No.	Period of employment		Designation	Place of Posting	Brief description and nature of work clearly indicating voltage level
	From	To			

Supervisor Details (MV/HT/EHT)	Employer Details
Full Signature with date Short Signature Full Name: SCC No. Validity: Mobile No. Official Seal	Full Signature with date Short Signature Full Name : Mobile No.: Official Seal

N.B: Submit individual forms for experience in each organization.