

FORM-2

CERTIFICATE OF EMPLOYER

Date: _____

This is to certify that the applicant (name) _____ is working in this organization _____ as _____ having **Electrical Workman HT** Permit No. _____ issued by ELBO, Odisha. He/She is working under the supervision of our Electrical Supervisor, Name: _____ and SCC No. _____ and the details of works for which he/she was 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)	Details of Higher Technical Officer (Not below the rank of Executive Engineer / Manager)
Full Signature: with date Short Signature: Full Name: SCC No. Validity: Mobile No. Official Seal	Full Signature : with date Short Signature: Full Name : License No. Validity : Mobile No.: Official Seal

Recommended By
(An officer not below the rank of General Manager)

Full Signature with Date:

Short Signature:

Full Name:

Designation:

Mobile No. and OFFICIAL SEAL.