

SERVICE CERTIFICATE FORM IV

(A) I hereby certify that I have put in a total approved service of years Months days as on as per details given below (excluding interruptions).

Sl. No.	Name of School	Designation	Scale of pay	Period From To	Reasons for termination of each appointment	Period of interruption (Leave on loss of pay, suspension etc.) From To
1	2	3	4	5	6	7

(B) I also certify that I was drawing/will draw salary at the rate of (pay, D.P., D.A. etc. to be specified) on the old scale of as on 1-1-1966 or the date of option (to be stated).

Station :
 Date :
 1. Name :
 2. Designation :
 3. Name of School and salary
 Certified that the details of service and salary of Sri/Smt given above have been personally verified by me with reference to original records such as Acquittance Rolls and Attendance Registers etc. and found correct.

Station :
 Date :
 1. Name of Headmaster :
 2. Name of School :
 3. Sub-District/District :

(Signature of Teacher)
 (Signature of Headmaster/Headmistress)
 (Signature of the District Educational Officer)

(School seal if available)