

**Format of Certificate to be submitted by Central Government Employees
seeking age relaxation)**

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

It is Certified that Mr./Mrs./Miss./Dr. _____ is a Central Government employee holding the post of _____ in the Pay Scale/Pay Level of Rs. _____ with 03 years regular/continuous service in the grade as _____ with effect from _____.

2. There is no objection in his/her appearing for the post of _____ and document verification for the said recruitment.

(Signature of the Employer)

Name: _____

Designation: _____

Tel No. _____

Office Seal : _____

NO OBJECTION CERTIFICATE

ENDORSEMENT BY THE PRESENT EMPLOYER / APPOINTING AUTHORITY

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

1. It is Certified that Mr./Mrs./Miss./Dr. _____ (designation) _____ is working in the permanent capacity with effect from _____. The particulars furnished by him/her in the application form are correct and he/she possesses educational qualification and experience mentioned in the Vacancy Circular no. _____ dated _____. This organization has no objection in his/her applying to the post of _____ as mentioned in the above stated circular.
2. It is certified that his/her Pay Level is _____. He/She is drawing a Basic Pay of Rs. _____.
3. It is certified that in the event of selection of Mr./Mrs./Miss./Dr. _____ to the post of _____ at ICMR-Vector Control Research Centre, Medical Complex, Indira Nagar, Puducherry – 605 006, he/she shall be relieved within a period of one month of issue of Appointment order to Mr./Mrs./ Miss./ Dr. _____ by ICMR-VCRC, Puducherry.
4. It is certified that no disciplinary/vigilance case has ever been held or contemplated or is pending against Mr./Mrs./Miss./Dr. _____.
5. It is certified that no minor / major penalty has been imposed on _____ during his/her tenure at this office.
6. Further, the Integrity of Mr./Mrs./Miss./Dr. _____ is certified.

(Signature of the Forwarding Authority)

Name: _____

Designation: _____

Tel No. _____

Office Seal: _____

Place: _____

Date: _____

EXPERIENCE CERTIFICATE FOR CANDIDATES WORKING IN THE ICMR PROJECTS

(To be produced on the Letter Head of the Institute/Centre and to be filled by the Head of the Department in which the candidate is working)

It is certified that Shri./Smt./Kumari/Dr. _____ is working at _____ as per the details given below:

Sl. No.	Period (Initial to latest)		Designation	Name of the ICMR funded Project	Emoluments Drawn (Rs.)	Remarks
	From	To				

Please state whether the candidate has entered into the project service within the prescribed age limit for the post of which the candidate is applying _____ (YES/NO)

There is no objection to his/her appearing for the post of _____ and document verification for the said recruitment.

(Signature of the Employer)

Name: _____

Designation: _____

Tel No. _____

Office Seal: _____