



# MTI-HAYATABAD MEDICAL COMPLEX, PESHAWAR

## EXPERIENCE CERTIFICATE PERFORMA

1. MR. No. \_\_\_\_\_
2. Name of Employee \_\_\_\_\_
3. Father's Name \_\_\_\_\_
4. Designation \_\_\_\_\_
5. Employee Status Civil / Institutional/Contract Employee / Daily Wager (Select one)
6. Date of Joining HMC \_\_\_\_\_
7. Department /Section/Unit: \_\_\_\_\_
  
- Signature of Employee \_\_\_\_\_

### (FOR OFFICIAL USE ONLY)

8. Remarks of Controlling Officer / Head of Department \_\_\_\_\_  
\_\_\_\_\_ Signature \_\_\_\_\_
  
9. Remarks of Superintendent HR \_\_\_\_\_  
\_\_\_\_\_ Signature \_\_\_\_\_