

Last working Institution or Office Letter Head

Relieving / Experience Letter

Date:

To

Name

Designation

**WHOMSOEVER IT MAY CONCERN**

This is to certify that (Name) has been working with (Institution Name) since (Joining Date) as (Designation and Department name) with the last drawn (Salary) per month.

He / She was found to be sincere and dedicated to his / her work during the tenure with (Institution name).

He / She resigned from his / her duties on his / her own accord and has been relieved w.e.f. (Date)

We wish his / her all the best for his / her future endeavours.

Signature of the Principal with office seal/Signature of the

Head R&D organization with office seal

(Name with Designation seal)

**Note:**

The Relieving / Experience Certificate is applicable for Full Time Scholars only.