## **CERTIFICATE OF EMPLOYMENT PROOF BY INSPECTOR**

[U/r 265(2) (iii) of OB & OCW (RE & CS) Rules-2002]

## TO WHOM IT MAY CONCERN

## Work report of the worker for the preceding twelve months

SI No.	Name, Address of the Employer/Establishment & Registration No (if any)	Contact/Mob No of employer or his/her representative (if known)	Period of Employment		Total Days Employed
			Date from	Date upto	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Certified that the submission made above are true and correct. For any discrepancy in above information I shall be held responsible personally as per law Place-

Date-

Signature/Thumb impression of the Applicant

Signature of the Inspector With Seal & Stamp.