



NO. 101/2019

DATE: 20/08/2019

Experience/Relieving Certificate

THIS IS TO CERTIFY THAT MR. [Name] has worked as 'Head Teacher' of [School Name] Department of the Institute from [Start Date] to [End Date] and is relieving on [Date].

For the Director, CBSE

(Name of Director)
Head, Registrar (Admin-III)

Approved by [Name] on [Date] at [Place]

Head Office & Postal Address

Ministry of Education, Government of India, New Delhi
[Address Line 2]
[Address Line 3]