



**Company Name**

Company Address:

Phone:

E-mail:

Date:

### **SERVICE CERTIFICATE**

This is to certify that Mr. Ms. Sudha was employed by us and his particulars of service are as under:

1. Name : Ms. Sudha
2. Designation : System Operator.
3. Department : Administration.
4. Last salary Drawn : Rs 15000/- per month
5. Other Benefits : Benefits under Health Insurance Scheme variable Allowance conveyance Allowance provident fund superannuation fund medical reimbursement leave travel assistance special allowance
6. Date of joining : January 10, 2017
7. Date of Leaving : March 10, 2018
8. Reason of leaving : Personal
9. Conduct : Good
10. Remarks : NA



**With Signature**

**Director**

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Company Name