

FORMAT OF CERTIFICATE OF VERIFICATION

This is to certify that the following particulars in respect of _____
_____ (Name of applicant with Brass No. with Rank) of _____
_____ (Name of unit) are duly verified from the
Service Book particulars & e-HRMS data.

1. **Full name of applicant as per Service Book** :

2. **IFMS Id.** :

3. **GPF No.** :

4. **Father's / Husband's Name** :

5. **Date of Birth** :

D	D

M	M

Y	Y	Y	Y

6. **Date of Appointment** :

D	D

M	M

Y	Y	Y	Y

7. Did he /she appear previously to the departmental examination for promotion to the rank of ASI (UB/AB) & Lady ASI (UB) for more than three times?

Yes	No

If yes, give details.

Year	Year	Year	Year

8. **Mobile No.** :

9. **Email Id.** :

Submitted by

Full signature of the candidate
(Name of candidate)

(Signature of the Issuing Authority with
designation and seal)

Memo. No. _____ **Dated :** ____/____/2023