

**THE FORM OF CERTIFICATE TO BE PRODUCED BY DEPARTMENTAL CANDIDATES EMPLOYEES FOR CLAIMING AGE CONCESSION**

(Letter Head of the Institution/Issuing Authority)

No. ....

Date: [DD/MM/YYYY]

**CERTIFICATE FOR CLAIMING AGE CONCESSION FOR APPLYING AGAINST ADVERTISEMENT NUMBER**

This is to certify that Dr./Mr./Ms. .... S/o/D/o/W/o Shri.....  
is a regularly appointed employee of ..... (Name of the Institute) and duties performed by him/her during the period(s) are as under:

- (i) .....  
(ii) .....  
(iii) .....

Certified that:

\* (a) Dr./Mr./Ms. .... holds substantively a permanent post of ..... in the ..... (Name of the Institute) with effect from ..... to .....

OR

\* (b) Dr./Mr./Ms. .... has been continuously in temporary service on a regular basis in the post of ..... at ..... (Name of the Institute) with effect from ..... to .....

\* Strike out which is not applicable.

Place: .....

**CSIR**

*The Innovation Engine of India*

For [Name of the Institute],

[Signature of Issuing Authority]  
[Name of Issuing Authority]  
[Designation of Issuing Authority]  
[Official Seal/Stamp]

Annexure-III