



UNIVERSITY OF RASUL
EMPLOYMENT VERIFICATION PROFORMA
(TO BE COMPLETED BY THE EMPLOYER)

Institution / Organization Information	
Name of the Organization:	
SECP Registration No. (In case of Private Firm)	Date of Registration:
Registrar of Firms / Other Regulatory Authorities, Registration No. (In case of Private Firm)	
Address:	
Contact No.	
Reference and Date of enclosed Experience Letter to be verified:	

TO WHOM IT MAY CONCERN:

This is to certify that _____ *(Name of Employee & Father Name)*, holding CNIC _____, DOB _____ has been working as: _____ *(Last Position held)* since _____ / _____ / _____ on _____ basis *(Nature of Job, i.e. Regular, Contract etc.)* with _____ *(Grade, BPS, Scale etc.)*

***PREVIOUS SERVICE (If Any):**

Sr. No.	Designation Held	Job Nature (Regular / Contract etc.)	Grade (BPS / Scale etc.)	From	To
				DD MM YY	DD MM YY
01					
02					

*Separate sheet may be attached if required

Emoluments in Rs: _____ *(Attach Last Salary Slip)*

AUTHORIZED ISSUING / APPOINTING AUTHORITY:

Name of the CEO/Organization Head/VC/Registrar etc.:	
Title / Designation:	
Contact No:	
Signature & Date	Office Seal / Stamp

NOTE: Under Section 464 of Chapter XVIII Pakistan Penal Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the Pakistan as to any matter within its jurisdiction.