

Experience Certificate

(To be issued only in respect of contracts for completed works)

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|----|----------------------------------------------------------------------------------------|--|
| 1 | Agreement Number & Date | |
| 2 | Name of work | |
| 3 | Name of Agency/Contractor | |
| 4 | Original Agreement Value (Both in Figures & Words) | |
| 5 | Revised Agreement Value, If any (Both in Figures & Words) | |
| 6 | Original Date of Completion (As per Agreement) | |
| 7 | Actual Date of Completion | |
| 8 | Total Payment made to the contractor against this agreement | |
| 9 | Whether Final Bill Passed? (Yes/No) | |
| 10 | If Final Bill is not Passed, whether Final Measurements have been recorded? (Yes/No) | |
| 11 | If Final Measurements are recorded, please indicate status of variation | |
| | (a) Whether variation is Positive (in excess of original agreement value) or Negative? | |
| | (b) Whether variation is sanctioned? (Yes/No) | |

Certificate No.

Date:

(Issuing Authority)

Signature with date:

Name:

Designation:

Address:

Official Seal: