

**FORM OF CERTIFICATE TO BE SUBMITTED BY EPFO EMPLOYEES/GOVERNMENT SERVANTS
SEEKING**

AGE-RELAXATION

(To be filled by the Head of the Office or Department in which the candidate is working).

(Please see Para 14 of this notice)

It is certified that *Shri/Smt./Km. _____ is holding the post of -----
----- in the pay scale of s _____ with 3 years regular service in the
grade as on **closing date**.

Signature _____

Name _____

Office seal

Place:

Date :

*(*Please delete the words which are not applicable.)*