

(To be printed in the institution's official letter head.)

Date-

Reference Number-

TO WHOM IT MAY CONCERN

This is to certify that Ms./Mr. (Full Name), a resident of (Address) works as a (Designation) at our (Name of the Institution).

Ms./ Mr. has been working with us since (Date). Her/ His gross monthly remuneration is NPR (Amount) which is equivalent to (Amount in USD/CAD/AUS). In addition, she/he is also provided with provident fund, gratuity, festival allowance and 100% reimbursement of medical expenses through staff medical insurance policy of the institution (state allowances and other monetary facilities as per the office/institution rules and regulation.)

This certification is issued at the request of Ms./ Mr.

(Authorized Signature)

Full Name

Designation (Company Stamp)

(NOTARY STAMP and CERTIFICATION)