FORM C: A Certificate for being a Maharashtra State Government Officer / Employee
On the Letter Head of Concerned Department

This is to certify that Mr./Mrs. _____, currently residing at _____, is a permanent employee of the _____ Department, and his/her date of appointment is _____.

He/She is currently serving in the _____ Department in the post of _____.

His/Her Permanent Account Number (PAN) is _____.

Date:

Place:

Name of Officer:

Designation:

Department:

Stamp of Department: