

(Specimen Copy)

CERTIFICATE

(On Official letter only)

Certified that 'No Annual Performance Appraisal Report (APAR)' is required to be recorded in respect of Shri/Ms. _____
(Designation) for the period from _____ to _____ as the period is less than three months.

Place: _____

Date: _____

Signature & Office Seal

Name & Designation

Tele: _____