

Place:
Date:

To Whom It May Concern

This is to certify that Mr./Ms.[Employee Name] has worked in (name of company/organisation) from [DD/MM/YYYY] to [DD/MM/YYYY].

Mr./Ms. [Employee Name] was working as.....(designation) and was involved in Analysis of Food during his/her service tenure.

His/ her scope of work includes.....

Contact details (email id and mobile number) of the signatory:

For the [the company name]

Authorized Signatory with stamp/seal