CERTIFICATE BY THE EMPLOYER/CONTRACTOR/ AUTHORIZED OFFICER OR AUTHORITY REGARDING EMPLOYMENT OF BUILDING OR OTHER CONSTRUCTION WORKER Form No. (27)

PART A: (To be filled by the worker)

TARTA: (10 be filled by the Worker)						
Post (Aadh	Office/Ward N ar no sub	o mit that	 I am not a i	Tehsil/City member of a	Distri Distri y other welfare fund and l ast 90 days during the last t	nave worked as a
Date:				Signature/Thumb impression of the applicant Mobile Number*:		
		PA	RT B: (To b	e filled by th	e Employer/ Contractor)	
Sr. No.	Period for which worker worked		How many days	Nature of work	Employer's/Contractor's Name/Address/Mobile number*	Signature of Employer/Contractor
	From	Till				
		1				
	eby certify that arks (if any)	(in cas	se verification	on is not dor	thorized Officer/Authority ne by Contractor/ Employer er is correct.)
				Name of O Seal: Date:	fficer or Authority authorize	ed by the Board:

^{*}Mobile number is mandatory".