

# Declaration and Verification Format for Employers

**To Whom It May Concern,**

This is to declare that the following information concerning the undersigned employee is true and correct to the best of my knowledge.

**Employee Name** : \_\_\_\_\_

**Employee ID** : \_\_\_\_\_

**Designation** : \_\_\_\_\_

**Department** : \_\_\_\_\_

**Date of Employment** : \_\_\_\_\_

The above named employee is presently working in our organization and the details provided are as per our records.

## **Declaration:**

I hereby declare that the information given above is true and accurate. I understand that any misrepresentation or false statement may lead to disciplinary or legal action.

**Place** : \_\_\_\_\_ **Date** : \_\_\_\_\_

## **Signature & Official Seal**

**Name** : \_\_\_\_\_ **Designation** : \_\_\_\_\_

**Organization** : \_\_\_\_\_

## **Important Notes**

- This declaration form must be filled out and signed by an authorized representative of the employer.
- Ensure all information provided is authentic and can be verified with supporting documents.
- Falsification or misrepresentation may result in termination or legal consequences.
- Retain a copy of the signed form for your organizational records.
- Always verify the format requirements of the requesting authority.