

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.