

Affidavit of Professional Experience

I, [Full Name], son/daughter of [Father's/Mother's Name], residing at [Full Address], do hereby solemnly affirm and declare as under:

1. I am a qualified professional holding [Degree/Qualification] from [Institution/University].
2. I have been engaged in professional practice/employment as [Designation] with [Organization/Company Name] from [Start Date] to [End Date or Present] at [Location/Office Address].
3. During this period, my key responsibilities and duties included:
 - [Responsibility/Project #1]
 - [Responsibility/Project #2]
 - [Responsibility/Project #3]
4. I confirm that the above information relating to my professional experience is true and correct to the best of my knowledge and belief.

Date: [Date]

Place: [City]

[Deponent's Signature]

Name: [Full Name]

[Seal/Stamp if applicable]

Important Notes

- Ensure all details provided are accurate and supported by official documents if required.
- This affidavit may need to be attested by a Notary Public or a First Class Magistrate for official use.
- Modify the template to suit the specific requirements of the organization or authorities requesting the affidavit.
- False information in affidavits can attract legal consequences.