

# 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]**

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[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.