

Employee Self-Attested Statement For Employment Verification

Date: _____

To Whom It May Concern,

This is to formally declare and self-attest that:

Name: _____

Father's/Mother's Name: _____

Employee ID: _____

Designation: _____

Department: _____

Organization Name: _____

Employment Period: From _____ To _____

Current Address: _____

Contact Number: _____

I hereby confirm that the information provided above is true, accurate, and complete to the best of my knowledge and belief. If any information is found to be false or misleading, I shall be liable for appropriate legal action.

Signature: _____

Name: _____

Important Notes:

- This self-attested statement is for the purpose of employment verification only.
- Furnishing false information may lead to disciplinary or legal action.
- Always attach a valid ID proof or supporting documents if required by the employer.
- Sign the document physically or digitally before submission.
- Keep a copy of the signed document for your records.