

Name of Lab/Instt. _____

Place _____

Reporting year/Period _____

INTEGRITY CERTIFICATE

This is to certify that the integrity of Sh./Smt./Ms.-----
who has worked under me from ----- to ----- is -----

Signature-----

Name in Block letters-----

(Designation with rubber stamp)

Date-----

Note:

If the official's integrity is beyond doubt, it may be stated so in the given space. In case of doubt or suspicion, prescribed procedure for recording a secret note separately to be followed up. Such a column to be filled up suitably if doubts are cleared. If suspicions are confirmed, fact to be recorded. In no case 'doubtful integrity' or 'complaints against the official' to be mentioned. If there is no material for follow-up action, general practice is to mention 'nothing adverse came to notice.'