

EXPERIENCE CERTIFICATE

Date of enrollment:

This is to certify that

.....

(full Name of candidate and Address) has been actively practicing before the Criminal Courts of from onwards. He/She has an experience ofyears active practicing in Criminal Courts as on 1st January 2017.

Office Seal

Signature:

Designation :

(To be issued by Judicial Officer not below the rank of a 1st class Judicial Magistrate)

Place :

Date: