

**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 of .....years active practicing in Criminal Courts as on 1st January 2022.

Office Seal

Signature:

Name:

Designation :

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

Place :

Date: