

**CERTIFICATE**

This is to certify that Adv..... (Name),  
.....(age), residing at ..... (address) enrolled as  
an advocate on ..... and his/her enrollment Number is  
..... . He/She has been actively and continuously practicing  
before the .....(courts).....(District) as a junior to  
me since .....(date).

Date:

Signature

Place: (seal)

Name, Address & Ph.no.  
of Senior advocate