

**FINANCIAL ASSISTANT TO BLIND ADVOCATES**  
**CERTIFICATES TO BE ISSUED BY THE PRESIDING OFFICER OF ANY**  
**ONE OF THE COURTS IN CENTRE**

This is to certify that Shri/ Smt .....  
.....(Name and Address ) is a Blind Advocate practising Law in the Court/ Courts ( full  
name and address of the Court ) from (date, month & year) and that he/ she has engaged  
Shri/Smt.....  
.....(Name and address of the person engaged ) as his/her Reader Assistant full time from  
..... (date, month & year )

Place:

Date:

Signature and full address of the  
Presiding officer of the Court

Office seal.