

Form "105"

SRN.

[See Regulation 51 (5) or 72 (5)]

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

(Certificate of service to be issued by the member under whom industrial training was received)

Space for Official Stamp

I

employed as

(Name of the Member)

by Messers

(Designation of the Member)

(Name of the undertaking)

do hereby Certify that Shri / Ms.

(Name of the Student)

worked under my supervision for a period of YY MM DD

from

— — — — —

to

— — — — —

and during this period he/she was given training in

Department(s).

I also certify that his/her progress during the period was satisfactory and that he/she bears a good moral character.

I further certify that during the above mentioned period, he/she was given leave for days.

Signature of the Member

(Within the frame only)

Membership No.

Signature Articled Assistant/ Audit Assistant

(Within the frame only)

REGN. No.



0 095148 046065

Place :

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Date :

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Please note that the Training Report as per the revised training guide is required to be submitted

REPORT OF INDUSTRIAL TRAINING
(Refer To Paragraph 31.2) of Training Guide
(Applicable for Articled Assistants registered prior to 1st January 2003)



Name of the Industrial or other unit:

Period:

from

		—			—				
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to

		—			—				
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Name of the Member :

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Membership No:

--	--	--	--	--	--

Name of the Industrial Trainee:

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Regn No.:

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Category or work experience	Number of Days / Months			
Financial and Management Accounting		months		days
Financial Management		months		days
Internal and Management Audit		months		days
Taxation		months		days
Information Technology		months		days
Any other areas, please specify		months		days

Comments / Remarks:

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I / We hereby certify that the aforesaid information is based on Training Records .

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(Within the frame only)

Signature
Industrial Trainee

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(Within the frame only)

Signature
Member-in-charge

[illegible]

		—			—				
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(Applicable for Articled Assistants registered on or after 1st January 2003)

[illegible][illegible]

		—			—			
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[illegible][illegible][illegible][illegible][illegible]

[illegible]

Pin

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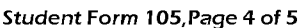
State Code

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Period from			—			—					to			—			—					
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A. Details of work undertaken and training received

Sr. No	Particulars	Number of Weeks
I.	Accounting	
II.	Auditing (including Internal Audit/Management Audit)	
III.	Taxation	
IV.	Information Technology	
V.	Management Consultancy & Other Services (including financial management and Corporate affairs).	
VI.	Other Areas (to be specified)	



B. Summary of Professional (and Other) Training Programmes attended by students (SOPTAS)
(separate paper may be attached)

Sr. No	Particulars	Number of Hrs.
1.		
2.		
3.		
4.		

C. General Comments / Remarks, if any

D. We hereby certify that the aforesaid information is based on Training records

(Within the frame only)
Signature
Student / Trainee

(Within the frame only)
Signature
MIT

(Within the frame only)
Signature
Principal

Date: -

Place : -

Notes:

- Any other area of work experience / theoretical training not falling under the captions given, be specified.
- The number of days / weeks may be indicated on the basis of basic records such as daily time sheets, diaries etc, and in the absence of any such records, it should be based on the best estimate. The number of days / weeks related to each category may be equated based on the standard number of working hours / days per day / week.
- In the Remarks column of Summary of Professional (and Other), Training Programme Attended by Students (SOPTAS), state the name of the organizer and other details considered relevant.
- This form should be signed by the Principal in all circumstances.

