

Form "111"

[See Regulation 62]

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

Certificate of service under Articles
(To be issued by a surviving partner)

Space for Official Stamp

I,

(Name of the Surviving Partner)

of M/S

(Name of the Firm)

who practised in partnership with the late

(Name of the Deceased Member)

do hereby certify that Shri/Ms.

(Name of the Student)

served as an articled assistant under the late

(Name of the Deceased Member)

in accordance with the Chartered Accountants Regulations, for a period of YY MM DD

from - - to - - that his/her

progress was satisfactory and that to the best of my information he/she bears a good moral character.

I further certify that during the above-mentioned period the articled assistant was given leave for

days.

The articles were duly registered with the Council of the Institute of Chartered Accountants of India vide

Registration No. of DD MM 2 0

Signature

(Within the frame only)

Name in block letters

Date: - - -

Place: -



Signature of Articled Assistant

(Within the frame only)

REPORT OF PRACTICAL TRAINING
(Refer to Paragraph 25.1 of Training Guide)
(Applicable to Articled Assistant registered prior to 1st January 2003)

Name of the Firm

Name of MIT (If any)

Name of the Principal

Name of the Trainee

Principal's Membership No.

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Trainee's Registration No.

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Period: From

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To

—	—	—	—

Category of Work Experience	(Time spent in weeks)		
	First Year	Second Year	Third Year
A. Financial & Management Accounting			
B. Auditing (including internal Audit)			
C. Taxation			
D. Management Services			
E. Information Technology			
F. Other areas, if any, please specify			
G. Secondment, exchange, if any			

General Comments / Remarks : _____





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Signature
Principal/Member-in-charge(Training)

[illegible][illegible]

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REPORT OF PRACTICAL TRAINING
(Applicable for Articled Assistant registered on or after 1st January 2003)

[illegible][illegible]

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[illegible]

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[illegible]

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[illegible]

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Mandatory

A. Details of Work Undertaken and Training Received:



Sr. No.	Particulars	Time spent in Weeks		
		Year 1	Year 2	Year 3
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)			

Optional

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

Sr. No	Particulars	No. of Hrs
I.		
II.		
III.		

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

Place:

Date:

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Notes:

- 1. Any other area of work experience / theoretical training , not falling under the captions given, be specified.
- 2. 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.
- 3. Separate record should be preferably maintained in regard to the work experience during secondment / exchange and should be counter-signed by such other member under whom the trainee has had the work experience.
- 4. In the Remarks column, of Summary of Professional (and Other) Training Programmes Attended by Students (SOPTAS), state the name of the organizer and other details considered relevant.
- 5. This form should be signed by the Principal in all circumstances.

