



The Institute of Chartered Accountants of India

Certificate of Service on discontinuance or termination of Articles

Space for Official Stamp

I [grid]

of M/S [grid]

do hereby certify that Shri / Ms [grid]

served as an articled assistant under me in accordance with the Chartered Accountants Regulations, for a

period of [grid] DD [grid] MM [grid] YY From [grid] - [grid] - [grid] to

[grid] - [grid] - [grid] that his / her progress was satisfactory and that to the best of my knowledge he/she bears a good moral character.

( The articles are terminated by mutual consent with effect from [grid] - [grid] - [grid] )

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

[grid] days.

I further certify that I have paid to the articled assistant a minimum monthly stipend at the rates specified in Regulations and that the stipend was paid by crossed account payee cheques every month/\* deposited by me every month in

his/her account (number) [grid]

with [grid]

Branch of the [grid] (Name of the Bank)

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

Vide Registration No. [grid]

[Signature box]

(Within the frame only)

Signature

Membership No

[grid]

(Name in block letters)

[grid]

I [grid]

have agreed for termination of my training under articles with Sh/Ms

[grid]

w.e.f [grid] - [grid] - [grid] at my own free will and endorse the contents of this certificate.

[Signature box]

(Within the frame only)

Signature of the articled assistant

(Regn No.)

[grid]

(\* Delete words not applicable)

**Date :**

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

**Place :**

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




---

**REPORT OF PRACTICAL TRAINING**  
 (Refer to Paragraph 25.1 of Training Guide)  
 (Applicable to Articled Assistants 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.**

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

**Trainee's Registration No.**

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

**Period: From**

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

**To**

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

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

General comments and Remarks \_\_\_\_\_

I/We hereby certify that the aforesaid information is based on Training Records maintained in the office



(Within the frame only)

**Signature**  
Principal/Member-in-charge(Training)

Membership No.

Place :

Date :

Note : General comments may include information on levels of progression.

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

**Personal Details**

Registration No :

Name of the Trainee:



**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:**

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

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

**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.

