

Form "109"

[See Regulation 50 or 61 (1)]

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

Certificate of Service Under Articles

Space for official stamp

I **CYRIAC JOHN**

do hereby certify that Shri / Ms.

KRISHNAKUMAR O M

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

For a period of

0

YY

11

MM

17

DD

from

04/Nov/2020

to

20/Oct/2021

that his / her progress was satisfactory and that to the best of my knowledge

he/she bears good moral character

(The articles are terminated by mutual consent with effect from

20/Oct/2021

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

10

days.

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

Account Number

67235110442

With

POOCHAKKAL

Branch of the

SBI

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

Vide Registration No

SRO0752194

of

(Within the frame only)

Membership No.

228488

Name in block letters

CYRIAC JOHN

Place :

Date :



(Within the frame only)

Signature of the articled assistant

Regn. No.

SRO0752194

Address

MADATHICHIRA HOUSE

POOCHACKAL P O

CHERTHALA

City

ALAPPUZHA

State

KERALA

State Code

KL

Pin

688526

Phone No. with STD
Code

933918848093391

Country

India

REPORT OF PRACTICAL TRAINING

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

Personal Details

Registration No.

SRO0752194

Name of the Trainee:

KRISHNAKUMAR O M

Date of Commencement of articleship training:

04/Nov/2020

Name of the Member-in-Charge (Training) (MIT):

Membership No.

Name of the Principal

CYRIAC JOHN

Membership No.

228488

Period: From

04/Nov/2020

To

20/Oct/2021

Mandatory

A. Details of Work Undertaken and Training Received:

Sr. No.	Category of Work Experience	(Time Spent in weeks)		
		Year 1	Year 2	Year 3
I.	Accounting	10	0	0
II.	Auditing (including internal Audit / Management Audit)	20	0	0
III.	Taxation	8	0	0
IV.	Information Technology	2	0	0
V.	Management Consultancy & Other Services (including financial management and corporate affairs)	4	0	0
VI.				

**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

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

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Signature

(Within the frame only)

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Signature

(Within the frame only)

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Signature

(Within the frame only)

Student / Trainee

MIT

Principal

Place :

Date :

Notes:

- Any other area of work experience/ theoretical training not falling under the captions given is 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.
- 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.
- In the Remarks column, of Summary of Professional (and Other) Training Programmes Attended by Students (SOPT AS), state the name of the organizer and other details considered relevant.
- This form should be signed by the Principal in all circumstances.