

Form "108"

[See Regulation 50 or 61 (1)]

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

Certificate of Service Under Articles

Space for official stamp

I **VIPULBHAI PRABHUBHAI ROJASARA**

of

do hereby certify that Shri / Ms.

**MANSI RAJENDRAGIRI GOSAI**

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

For a period of

**1** **1** **3**  
YY MM DD

from

**13/Oct/2020**

to **15/Nov/2021** that his / her progress was satisfactory and that to the best of my knowledge

he/she bears good moral character. I further certify that during the above-mentioned period the articled assistant was

given leave for

**0**

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

**5445639778**

With

**BODAKDEV**

Branch of the

**KOTAK MAHINDRA BANK**

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

Vide Registration No

**WRO0529294**

of

(Within the frame only)

Membership No.

**188486**

Name in block letters

Place :

Date :	



(Within the frame only)

Signature of the articulated assistant

Regn. No.

WRO0529294

Address

74 AMBAJI NAGAR

GIR GADHADA ROAD

City UNA (GUJ)

State GUJARAT

State Code

GJ

Pin 362560

Phone No. with STD  
Code

919879419423

Country

India

#### NOTE:

1. The form should be submitted to the office of the Institute within 30 days. In case of delay in filling the form beyond the stipulated period, it has to be accompanied by a request for condonation and appropriate condonation fee as per the following schedule:

(I) Delay upto 30 days beyond the initial period	Rs. 500/-
(ii) Delay between 31 days - 180 days	Rs. 1,000/-
(iii) Delay between 181 days - 365 days	Rs. 2,000/-
(iv) Delay beyond 365 days	Rs. 10,000/-

#### REPORT OF PRACTICAL TRAINING

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

Personal Details

Registration No.

WRO0529294

Name of the Trainee:

MANSI RAJENDRAGIRI GOSAI

Date of Commencement of articleship training:

13/Oct/2020

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

Membership No.

Name of the Principal

VIPULBHAI PRABHUBHAI ROJASARA

Membership No.

188486

Name of the Organization

Firm No.

Period: From

13/Oct/2020

To

15/Nov/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	0	0	6
II.	Auditing (including internal Audit / Management Audit)	0	0	20
III.	Taxation	0	0	30
IV.	Information Technology	0	0	0
V.	Management Consultancy & Other Services (including financial management and corporate affairs)	0	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.	INFORMATION TECHNOLOGY TRAINING	0
II.	ORIENTATION COURSE OLD	35
III.		

**C. General Comments/ Remarks, if any**

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

**Signature**  
*(Within the frame only)*  
**Student / Trainee**

**Signature**  
*(Within the frame only)*  
**MIT**

**Signature**  
*(Within the frame only)*  
**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.