





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:



