

Form "116"

[See Regulation 76]

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

Certificate of Audit Service
(To be issued by a surviving partner)

Space for Official Stamp

Empty box for official stamp.

I

Grid for name of surviving partner.

(Name of the Surviving Partner)

of M/S

Grid for name of firm.

who practised in partnership with the late

Grid for name of deceased member.

(Name of the Deceased Member)

do hereby certify that Shri/Ms.

Grid for name of student.

(Name of the Student)

served as an audit assistant under the late

Grid for name of deceased member.

(Name of the Deceased Member)

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

from - - to - - and that his/her

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

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

days.

The audit service was 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)

Empty box for signature.

Name in block letters

Grid for name in block letters.

Date: - - -

Place: -



Signature of Audit Assistant

(Within the frame only)

Empty box for signature of audit assistant.