

FORM 'O'

(In compliance of Para 3.1.7)

CERTIFICATE OF SERVICE AND FITNESS

For appearing at the CFAP Level / MSA Level Examination

(Bye-Law 125)

This to Certify that

Mr. / Miss. _____

is receiving training with me as trainee student from _____

and he / she is a proper and fit person to be admitted to the CFAP Level / MSA Level Examination to be held under the Chartered Accountants Bye-Laws, 1983.

I also CERTIFY that Mr. /Miss. _____

has this day completed _____ months of his/her training with me under CRN _____

Place _____

Date : _____

Signature of MRS

(Seal of Office)

**As per Para 4 (8) (iii) of the Education and Training Scheme 2021 Directive 1.01 (Revised 2021)*