



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

DIRECTORATE OF CAT

CMA Bhawan, 3rd Floor, C-42, Sector- 62, Noida (U.P.)-201309

CERTIFICATE OF TRAINING IMPARTED BY AN ORGANIZATION

FORM CAT-F3

1.	Particulars of Student registered as Accounts Trainee: Name in full (in Capital Letters): Fathers Name: (in Capital Letters): Registration No. Residential Address with Telephone No. Fax No. and E-mail ID	
2.	Name of the Organization with address, Telephone No. E-mail and Contact person (In case of Practicing Cost Accountant (PCA) or Firm of Cost Accountants) Membership No. PCAs be also given	
3.	Date of Registration of Students as Trainee	
4.	Period of Internship	
5.	Any general observation on the Conduct of Trainee	
6.	Areas in which training is imparted	

This is to certify that I, (Name) being Competent to issue Certificate of Training Imparted to above mentioned Student by Ms. as per the address and other particulars given, During the period of Training. His/her progress was satisfactory and to the best of my knowledge and belief he/she bears a good moral character.

Authorized Signatory with name & designation and Rubber Stamp