



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

DIRECTORATE OF CAT

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

FEED BACK FROM THE TRAINEE FOR THE TRAINING TAKEN BY HIM/HER IN AN ORGANISATION

FORM CAT-F4

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 where Trainee was engaged	
3.	Date of Registration as Trainee with the Organisation along with Date of Intimation to CAT Directorate for such engagement	
4.	Period of Internship	
5.	Areas in which training is taken	
6.	General comments on working environment professionalism of Organisation	
7.	Stipend received during the Internship	
8.	Any other Information which the Organisation like to indicate	

Signature of Student