

Certificate No.....



.....
(Name and Address of ACC Centre)

CERTIFICATE

This is to certify that Mr/Ms _____
Designation _____ Employee No. _____ has
complied all the requirements of CAPC 04 of 2023 and accordingly
appointed as **Examiner for ACC Planning** of *{Name of ACC Unit}* to
discharge the functions as mentioned in the above CAPC.

This certificate is valid upto.....

Date:

Place:

(Signature and seal)
Executive Director(CAP)