TO WHOMSOEVER IT MAY CONCERN

We hereby certify that M/s										
Sr. no	Name & Address of Suppliers	Description of the Goods/Servi ces	Bill no. & date	Bill Amount RS.	Name of Bank	Cheque No. / RTGS No./ DD No. & Date	Cheque / RTGS / DD amount	If Cash paid amount and date	Cheque Clearing Date	Remarks
1	2	3	4	5	6	7	8	9	10	11

We have checked the books of accounts to the unit and invoices etc. and certify that the aforesaid information is verified and certified to be true. We also certify that all the aforesaid items have been duly paid and no credit is raised there against in the books of the unit, except those stated above.

Date:
Place:
Certified By Chartered Accountant
Name

Total