Cover page	
Internal Audit Report for Depository Operations	
Name of the auditee	
SHR ID(s)	INXXXXXX
	INXXXXXX
SEBI registration number	
Expiry date of SEBI registration certificate	
Audit period	**From DD-MMM-YYYY to DD-MMM-YYYY**
Date(s) of Internal audit	
Name of the auditor	
Membership no. of the auditor	
NISM- Series IIA /Series IIB (applicable for only Mutual Fund Processing RTAs)/CPE Certificate no.(of any person conducting the internal audit)	
Date till which certificate is valid	DD-MM-YYYY
Name of the audit firm	
Full postal address of the audit firm	
Contact number along with STD code / mobile number of auditor	
email ID of auditor	
I / We hereby declare that Circular no. NSDL/CIR/II/6/2021/ dated April 23, 2021 was read and understood by me / us and this report is based on the guidelines given in this Circular. I / We hereby further declare that I / we have no conflict of interest with the RTA/Issuer connected to NSDL.	
Signature of the auditor	
Stamp of the auditor / audit firm	

Date	**DD-MMM-YYYY**
"I hereby declare that digital signature certificate being used by me for signing this document is a valid digital signature certificate on this date in terms of provisions of Information Technology Act, 2000 and rules framed thereunder and that it has not been revoked by the issuing authority till this date."	