

Fixed Asset Verification Certificate

Certificate No: _____ Date: ____ / ____ / _____

Organization Name: _____

Department/Location: _____

Asset Verification Period: ____ / ____ / ____ to ____ / ____ / ____

Asset Details:

Asset ID	Description	Location	Physical Condition	Status (Present/Missing)	Remarks
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Verified By: _____

Designation: _____

Signature: _____

Date: ____ / ____ / ____

Approved By: _____

Designation: _____

Signature: _____

Date: ____ / ____ / ____

Important Notes:

- This certificate is issued after physical verification of the fixed assets as per records.
- Any discrepancies found during the verification must be reported immediately.
- The certificate should be retained for audit and compliance purposes.
- Tampering with asset data may result in disciplinary action.
- Ensure signatures and dates are properly filled out for validity.