

NON-INITIATION CERTIFICATE

It is certified that the part ACR in respect of No. _____ Rank _____ Name _____ of (UNIT NAME), for the period from _____ to _____ could not be initiated/reviewed since the said period does not cover the minimum prescribed period of 90 days.

Dated:

COMMANDANT
UNIT NAME

NON-INITIATION CERTIFICATE

It is certified that the part ACR in respect of No. _____ Rank _____ Name _____ of (UNIT NAME), for the period from _____ to _____ could not be initiated/reviewed since the said period does not cover the minimum prescribed period of 90 days.

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