## Last date of submission 20 /06/2019 up to 11.00 A.M

Format for Submission information on the Expression of Interest for short listing Chartered Accountant Firms for the Internal Audit/Statuary Audit of the accounts of State SACS and the Internal Audit of the peripheral Institutions

Part A

Statu	us of the Firm Partnership		Sole Proprie	etorship		
1.	(a) Name of the firm ( in Capital letters)					
	(b) Address of the Head Office					
	(Please also give telephone					
	And e-mail address)					
	(C) PAN No. of the firm					
2.						
3	Region Code No					
3. 4.	Empanelment number with C & AG:- (a) Date of Constitution of the firm:					
	(b) Date since when the firms has a full time FCA					
5.	Full time partners/ Sole Proprietor of the firm as on 1 <sup>st</sup> January					
S. No.	Years of Continuous association with the firm	Num	ber of FCA	Number of ACA		
(a)	Less than one year					
(b)	1 Year or more but less than 5 years					

Note: Please attach the copy of Firms Constitution Certificate issued by ICAI as on 1.1.200

6. Number of part time partners if any, as on 1<sup>st</sup> January, .....

5 year or more but less than 10 years

15 year or more

10 Year or more but less than 15 years

(C)

(d)

(e)

7. Number of Full time Chartered Accountant as on 1<sup>st</sup> January .....

<ol> <li>Number of audit Staff employed full time with the firm         <ul> <li>(a) Articles/Audit Clerks</li> </ul> </li> </ol>	
(b) Other Audit Staff (With knowledge of book	
(c) Other Professional Staff (Please specify)	
(List to be attached for SI. No. 5 to 8)	
9. Number of Branches if any (Please mention	
Places & location):	
10. Whether the firm is engaged in any internal	
Of External audit or any other services	Yes/No
Providing to any Govt. Company/Corporation	
Or Co- operative institutions etc.	
If 'Yes', details may be given on a separate sheet.	
11. Whether the firm is implementing quality control	
Policies and procedures designed to ensure	Yes/No
That all audit are conducted in accordance with	
Statements on Standard Auditing Practices.	
(If yes, a brief note on the procedure adopted is to be enclosed	1)
12. Whether there are any court / arbitration/ any other	
Legal case against the firm (If yes, give a brief note of the case indicating its percent status 13. Fees earned by the firm for the last 5 years.	Yes/No s)
Type of audit PSU/autonomous Companies in	Banks

Type of audit	PSU/autonomous	Companies in	Banks
	body	private sector	
(I) Statutory/ Branch			
Audit/6 monthly			
audit review			
(II) Internal/			
Concurrent audit			
Total of the above			

## PART-B Undertaking

I/ We the sole proprietor / partners of M/S .....chartered accountants do hereby jointly and severely verify and declare:-

- That the particulars given are complete and correct and that if any of (I)the statements made or the information so furnished in the application form is later found not correct or false or there had been suppression of material information, the firm would not only stand disgualified from the allotment, but would be liable for disciplinary action under the Chartered Accountants Act 1949 and the regulations framed there under.
- That the firm proprietor or partners has not been debarred or cautioned (II)by ICAI during that last five years (if cautioned give details)
- (III)That individually we are not engaged in practice otherwise or in any other activity which would be deemed to be practice under Section 2(2) of the Chartered Accountants Act 1949.
- That the constitution of the firm as on 1<sup>st</sup> January of the relevant year (IV)shown in the Expression of Interest is the same as that in the constitution Certificate issued by the ICAI.

SI. No.	Name of the Partner/ Sole Proprietor	Membership registration Number	PAN No.	Dates of payment of fees for the relevant year - A/B*	Signature of partner/ Sole Proprietor

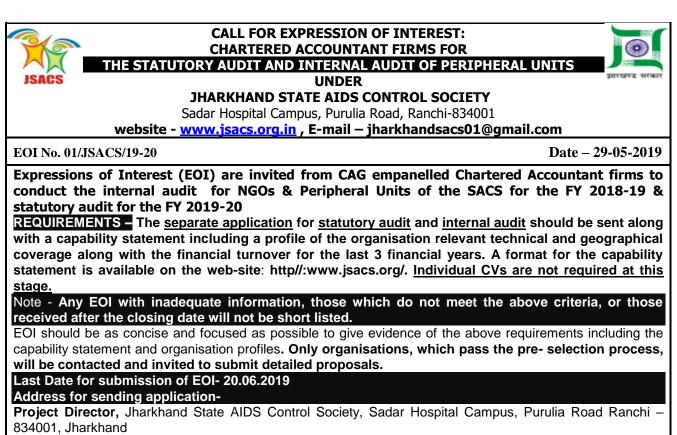
\*A for membership

B for issue of certificate of practice Place Date

(Seal of the firm)

Encl --- Pages

Signature of proprietor/ Sole Partner



- Sd/ Project Director