

Annexure - IX (b)

**Expression of Interest for short listing Chartered Accountant
Firms for the audit of the accounts of State SACS /Dist.
Units/peripheral institutions**

PART_A

Status of the Firm Partnership Sole Proprietorship

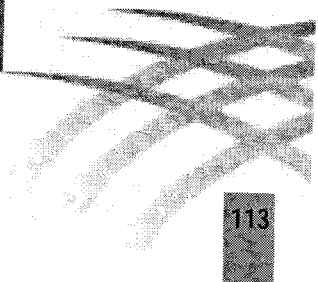
1. (a) Name of the firm (in Capital letters) _____
- (b) Address of the Head Office _____
 (Please also give telephone no. _____
 and e-mail address) _____
- (c) PAN No. of the firm _____
2. ICAI Registration No. _____ Region Name _____
 Region Code No. _____
3. Empanelment number with C&AG;- _____
4. (a) Date of constitution of the firm: _____
 (b) Date since when the firm has a full time FCA _____
5. Full-time Partners/Sole Proprietor of the firm as on 1st January, _____

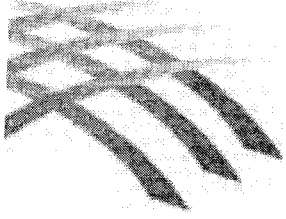
S. No.	Continuous association with the firm	Number of FCA	Number of ACA
(a)	Less than one year		
(b)	1 year or more but less than 5 years		
(c)	5 years or more but less than 10 years		
(d)	10 years or more but less than 15 years		
(e)	15 years or more		

Note: Please attach the copy of Firm's Constitution Certificate issued by ICAI as on 1.1. 200 .

6. Number of Part time Partners if any, as on 1st January, _____
7. Number of Full time Chartered Accountant as on 1st January, _____
8. Number of audit staff employed full-time with the firm
 - (a) Articles/Audit Clerks _____
 - (b) Other Audit Staff (with knowledge of book keeping and accountancy) _____
 - (c) Other Professional Staff (please specify) _____
(list to be attached for Sl. No. 5 to 8)
9. Number of Branches if any (please mention places & locations) _____
10. Whether the firm is engaged in any internal or external audit or providing any other services to any Govt. Company/Corporation or co-operative institution etc. Yes/No
If 'yes', details may be given on a separate sheet.
11. Whether the firm is implementing quality control Policies and procedures designed to ensure that all audit are conducted in accordance with Statements on Standard Auditing Practices. Yes/No
(If yes, a brief note on the procedure adopted is to be enclosed)
12. Are there are any court/arbitration/ legal cases against the firm Yes/No
(If yes, give a brief note of the cases indicating its present status)
13. Fees earned by the firm for the last 5 years

Type of audit	PSU/Autonomous body	Companies in private sector	Banks
Statutory/Branch Audit/ 6-monthly audit review			
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:-

- (i) that the particulars given are complete and correct and that if any of 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 disqualified from the allotment, but would be liable for disciplinary action under the Chartered Accountants Act, 1949 and the regulations framed thereunder;
- (ii) that the firm proprietor or partners have not been debarred or cautioned by ICAI during the 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 a practice under Section 2(2) of the Chartered Accountants Act, 1949;
- (iv) that the constitution of the firm as on 1st January of the relevant year shown in the Expression of Interest is the same as that in the Constitution Certificate issued by the ICAI.

Sl. 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

(seal of the firm)

Date

Encl _____ pages

Signature of Proprietor/Sole Partner

Standard Evaluation Sheet for Evaluation of the Technical Bids of the External Auditors (CA Firms)

Criteria	Remarks	Max. Marks	Marks Obtained
1. No. of partners: FCA/ACA		10	
2. Years of experience: Partner A + Partner B + Partner C + Partner D +		10	
3. Years of Partners association with the firm: Partner A + Partner B + Partner C + Partner D +		10	
4. No. of Staff:			
i. Qualified		10	
ii. Semi Qualified		5	
iii. Others		5	
5. Nature of experience: (giving turnover/project cost/ years of experience of the entities/projects audited)			
i. Health sector audit		20	
ii. Govt. social sector		5	
iii. Other social sector		5	
6. No. of Branches		10	
7. Total turnover of the firm in last three years		10	
Total		100	

Note: 1. In the Invitation Letter, CA Firms will be asked to give details of all these criteria while applying.
2. CA firms will also provide their latest **Certificate of Firm Constitution** as on 1st January of the current year issued by ICAI and their **latest Income Tax Return** duly acknowledged by IT Department. Firms not able to provide these two documents will not be considered.
3. Each member of the evaluation committee will fill up this form separately.
4. Total marks given by all the members will be totalled and the Audit work will be awarded to the firm obtaining maximum marks.

Name of the Member: _____ Signature with date: _____