

Expression of Interest for short listing of Chartered Accountant Firms for the audit of accounts of State Health Society and District Health Societies on Monthly basis

Status of Firm Partnership Sole Proprietorship

1. (a) Name of the Firm (in Capital Letters) _____

(b) Address of the Head Office _____

(With Telephone no. & e-mail address) _____

(c) PAN of the Firm _____

2. ICAI Registration No. _____ Region Name _____

Region Code _____

1 (a) Date of constitution of the firm: _____

(b) Date since when the firms has a full time FCA _____

4. Full time partner/Sole Proprietor of the firm as on 1st January 2014

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S. No	Year of 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 year or more but less than 10 years		
(d)	10 year or more but less than 15 year		
(e)	15 year or more		

Note: Please attach the copy of the Firm's constitution certificate issued by ICAI as on 01.01.2014

1. Number of Part time partner if any, as on 1st January 2014.....

2. Number of Full time Chartered Accountant as on 1st January 2014.....
3. Number of audit staff employed full time with the firm
 (a) Articles/Audit Clerks _____
 (b) Other Audit Staff (With knowledge of book keeping & accountancy & Tally) _____
 (c) Other Professional Staff (Please Specify) _____
4. Turnover of the firm during past three years
 (a) 2011-12 _____
 (b) 2012-13 _____
 (c) 2013-14 _____
5. Number of Branches if any (Please mention Places & Locations)

6. Whether the firm engaged in any internal Or External audit or any other services providing to any Govt. Company/Corporation Or Cooperative Institution etc? **(If yes, then please provide detail)** Yes/No
7. Whether the firm is implementing quality control Policies & Procedure designed to ensure 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)** Yes/No
8. Whether there are any court/arbitration/any other legal case against the firm? Yes/No
(If yes, give a brief note of the case indicating its present status)
9. Whether the firm is engaged in any internal Or External Audit of NHM/NRHM Yes/No
(If yes, then provide detail)

Undertaking

I/We do hereby declare that the above mentioned information are true & correct and I/We also undertake to aid the terms & conditions of the contract and would make the compliance of term laid down in the contract if executed by us with the State Health Society (NHM)/District Health & Family welfare Society.

Date:
Place:

Signature of Partner/
Sole Proprietor with stamp