

**Sikkim University, Gangtok**

Expression of Interest for Appointment of Chartered Accountant Firms for conducting Internal Audit

Status of Firm Partnership  Sole Proprietorship

Other Statutory Bodies

1. (a) Name of the firm/organization (in capital letters ) .....

(b) Address of the Head Office .....

(Please also give telephone no. ....

E-mail address): .....

(c) PAN of the firm/organization .....

(d) TAN of the firm/organization .....

2. ICAI Registration No. .... Region Name ..... Region Code No. ....

3. (a) Date of constitution of the firm/organization:

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

4. Full – Time Partners of the firm as on 01-01-2012 (Please fill up Annex A-1)

Sl. No.	Years of continuous association in the firm/organisation	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		

5. Numbers of Part Time Partners /others if any, as on 01-01-2012 .....

(Please fill up Annex A-2)

6. Numbers of full Time Chartered Accountant Employees .....

as on 01-01-2012 (Please fill up Annex A-3)

7. 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) .....

(Please fill up Annex A-4)

8. No of Branches (Please fill up Annex- B) .....

9. Fees earned by the firm for last 5 years	PSU/	Companies in	Banks
---	------	--------------	-------

In respect of:

(i) Statutory / Branch Audit /  
Audit Review

(ii) Internal / Concurrent Audit  
Total of (i) and (ii) above

10. Whether the firm /organization is engaged in any internal / concurrent audit

or any other services of any Central autonomous bodies	Yes/No
--	--------

If yes, details of experiences in Annex-D & work in hand in Annex – C may be given.

11. Whether there any court /arbitration /any other legal case against

the firm /organization(If yes, give a brief not of the case indicating its present status)      Yes/No

Date:

Signature

Full Name

Official Seal

SECTION – B

Undertaking

I/we the sole proprietor / following partners / Others of M/S .....  
Chartered Accountants do hereby jointly and severally verify and declare –

- i) That the particulars given are complete and correct and that any of the statements made or the information so furnished in the application form is later found not correct or false or there has been suppression of material information, the firm/ organization would not only stand disqualified from allotment but would be liable for disciplinary action under the Chartered Accountants act 1949 and the regulations framed there under:
- ii) That the firm/organization, proprietor or partners has not been debarred or cautioned by ICAI during the last three years. ( if debarred, give details):
- iii) That individual we are not engaged in practice otherwise or in any other activity which would be deemed to be in practice u/s 2(2) of the Chartered Accountants Act 1949:
- iv) That the constitution of the firm /organization as on 1<sup>st</sup> January of 2012 shown in the expression of interest is same as that in the constitution certificate issued by the ICAI.

Sl.No.	Name of the partner/sole proprietor /others	Membership registration no.	PAN	Dates of payment of the fees for membership/ of issue of certificate or practice	Signature of partner/sole proprietor /Other

(Seal of the Firm/Organization)

Place: .....

Date: .....

Enclosures: ..... Pages

.....

For Office use only

Whether firm/organization has done

- (a) Statutory / Branch Audit
- (b) Internal / Concurrent Audit

Yes/No

Checked by

Verified by

Date updated by

(Annex A-1)

1. Firm's / Organization's Name .....

Details of Full Time Partners/ Others of the firm (Please refer to Sl. No. 5 of the Expression of Interest format)

Sl. No.	Name of the Partner / Sole Proprietor/ Other	Membership No.	Whether FCA/ ACA	Date of Joining the Firm (full time)/ Organizational	Date of becoming FCA	Station & Region where residing at present	Whether acknowledge ment of latest Income Tax return Attached Yes/No	Whether has ISA (Information systems Audit /CISA or any other equivalent qualification, specify the qualification) if yes please attach a copy of the certificate)

(Annex A-2)

Details of Part time Partners of the Firm/Organization (Please refer to Sl. No. 6 of the Expression of Interest Format)

Name of the Partners/ Others	Member ship No	Whether FCA/ACA	Date of becoming FCA	Date of Joining Partnership/ Organization	No. of other firm in which he is partner	Whether practicing In his own name	Whether employed elsewhere (Yes/No)	Whether has ISA (Information systems Audit /CISA or any other equivalent qualification, specify the qualification) (if any please attach a copy of the certificate)

(Annex A -3)

Details of Full Time Chartered Accountant Employees (Please refer to Sl. No 6 of the Expression of the Interest format)

Sl. No.	Name	Membership No.	Whether FCA/ACA	Date of joining the firm/organisation as full time employee	Whether has ISA (Information Systems Audit / CISA or any other equivalent qualification Specify the qualification)(if yes please attach a copy of the certificate	Signature of the Employee

(Annex A-4)

Details of Audit Staffs (Please refer to Sl. No. 7 of the Expression of Interest format)

Sl. No.	Name	Qualification	Address

(Annex B)

Particulars of Branches

Sl. No.	Station at which located	Complete address with Pin & Telephone No.	Name of the partner/other in charge of the branch	Date of opening the branch	Detail Address of branch

(Annex C)

Details of Internal Audit work/any other accounting of Central Educational Institutions in hand with the firm

(Please refer to Sl.No. 10 of the Expression of Interest format)

Sl. No.	Name of the PSU/ Unit	Nature of Agreement	Year for which Appointed

(Annex D)

Details of experiences

(Please refer to Sl.No.10 of the Expression of Interest format)

Name of the area / sector	Name of the company/body audited (a)Co-operative Society/PSU/ autonomous body (b)Companies in private sector (c)Banks (d)Social Sector Programmes /Projects (e)Externally aided social sector projects (f)Education Projects /Programmes	Years of audit e.g. (a)2007-08 (b)2006-07 (c)2005-06 (d)2004-05 (e)2003-04	Fees charged for each of the assignments in each year	Nature of Audit assignment viz. Statutory audit/or Branch audit	Name of Special assignment	Name of the full time partner who supervised the audit or signed the financial statements and who is still working in the firm