

Expression of Interest for short listing Chartered Accountant Firms for the monthly concurrent  
Audit of the accounts of the District Health and Family Welfare Society, Kozhikode

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. (a) Date of constitution of the firm:
- (b) Date since when the firms has a full time FCA
4. Full-time Partners/Sole Proprietor of the firm as on 1<sup>st</sup> January 2014

Sl No	Years of continuous association with the firm	Number of FCA	Number of ACA
1	Less than one year		
2	1 year or more but less than 5 years		
3	5 year or more but less than 10 years		
4	10 year or more but less than 15 years		
5	15 years or more		

(Please attach the copy of Firm's Constitution Certificates issued by ICAI)

5. Number of part time partners if any , as on 1<sup>st</sup> January 2014
6. Number of full time Chartered Accountant as on 1<sup>st</sup> January 2014
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) .....

8. Number of Branches if any(Please mention .....  
Places & location)
9. Whether the firm has conducted statutory/internal audit in institution/societies under Kerala Health Services Department and if so provide complete details (attach separate sheet if space is insufficient) .....
10. Whether the firm is implementing quality control policies and procedures designed to ensure that all audits 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
11. Whether there are any court/arbitration/any other legal case against the firm(if yes, give brief note of the case indicating its present status) - Yes/No

#### Undertaking

I/We do hereby declare that the above mentioned information are true & correct and I/We also undertake to abide by terms & condition of the contract and would make compliance of terms laid-down in the contract if executed by us with the District Health and Family Welfare Society.

Date:

Place:

Signature of proprietor/Sole partner

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Financial Bid

- a. I/We are agreeable to concurrent monthly audit of the District Health and Family Welfare Society, (name of the district) at a fees of Rs.....per month, which is inclusive of cost of travel.
- b. I understand that TDS will be deducted at source.
- c. I understand that service tax at applicable rates will be extra.
- d. Other financial terms are:
  - a.
  - b.
  - c.
  - d.

Date:

Place:

Signature of Proprietor/Sole partner