



Office of District Programme Manager
National Health Mission
(Arogyakeralam)
Civil Station Building Kozhikode

SHORT QUOTATION NOTICE

No. DPMSU-KKD/562/ACCOUNTANT/2020/DPMSU

Dated: 11.09.2024

Expression of Interest

National Health Mission Kozhikode invites Expression of Interest from experienced Chartered Accountant/Cost Accountant firms for monthly Concurrent Audit of the District Health and Family Welfare Society under NHM for a period of one year which can be extended up to a maximum of two years based on performance. Details can be obtained from Arogyakeralam website (www.arogyakeralam.gov.in). Last date for receipt of EOI is 4pm, 30th September 2024.

Terms of Reference for Concurrent Audit at the State Level

Scope of Audit

The responsibilities of the concurrent auditors should include reporting on the adequacy of internal controls, the accuracy and propriety of transactions, the extent to which assets are accounted for and safeguarded, and the level of compliance with financial norms and procedures of the operational guidelines.

The scope of work of “State Concurrent Auditor” is as follows:

- Audit of the SHS accounts and expenditure incurred by SHS including NDCP and NCDCP
- Verification of Quarterly FMRs with Books of Accounts
- Audit of Advances at the SHS level
- Audit of the Provisional Utilization Certificates sent to GoI
- Monitoring timely submission of the District concurrent audit reports
- Detailed analysis and compilation of the District concurrent audit reports
- Vetting of the State Action Taken Reports and providing observations thereon
- Follow-up & monitoring over the ATRs prepared by districts on the observations made in the audit
- Preparation of Quarterly Executive summary to be sent to GoI in the prescribed format
- Any other evaluation work, as desired by the State Audit Committee

Frequency

- Concurrent Audit will be carried out on a “monthly basis”.

Coverage

- The State Concurrent Auditor should ensure coverage of all the districts and the District Concurrent Auditor should ensure that all the blocks are covered over the entire year.

Contents of Audit Report

- Concurrent Audit Report of a “District Health Society” should contain the following financial statements and documents:
 - Duly filled in Checklist provided in the guidelines
 - Financial statements as prescribed
- Audited Trial Balance
- Audited Receipts & Payments A/c
- Income & Expenditure A/c
- Balance Sheet
- Audited SoE
- Bank Reconciliation Statement
- List of outstanding advances
- Observations and Recommendations of Auditor – particularly covering the following aspects:
 - Deficiencies noticed in internal control
 - Suggestions to improve the internal control
 - Extent of non-compliance with Guidelines issued by GOI
 - Action Taken by State Health Society on the previous audit observations, along with his observations on the same

Selection Process

Interested firms of Chartered Accountant are required to submit their EOI in two parts:

Technical offer in and (B) Financial offer. Both the bids will be submitted in separate sealed envelopes with markings “Technical offer” and “Financial offer”. The two sealed covers containing Technical Offer and Financial Offer shall be put in another cover. This cover should be super scribed with the wording “EOI for monthly concurrent audit” and sent to: District Programme Manager, Arogyakeralam (NHM), Civil Station , Kozhikode - 673020. Last date for receipt of the completed EOI is:4pm, 30-09-2024.

Dr. Shaji C K
District Program Manager

The document is digitally approved. Hence signature is not needed.

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

Technical Bid

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
 (d) GSTN
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 1st January 2020

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 year or more		

(Please attach the copy of Firm's Constitution Certificate issued by ICAI as on 01.01.2018)

5. Number of Part time Partners if any, as on 01.01.2020.
6. Number of Full time Chartered Accountants as on 01.01.2020.
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) _____
8. Number of Branches if any (Please mention _____)