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**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**

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
3. Full-time Partners/Sole Proprietor of the firm as on 1st January 20--

Sl. No	Years 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 years		
(e)	15 year or more		

(Please attach the copy of Firm's Constitution Certificate issued by ICAI as on 01.01.20--)

4. Number of Part time Partners if any, as on 01.01.20--

5. Number of Full time Chartered Accountants as on 01.01.20--
6. 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) _____
7. Number of Branches if any (Please mention Places & locations): _____

Whether the firm has conducted statutory / internal audit in institutions/societies under Kerala Health Services Department and if so provide complete details (attach separate sheet if space is insufficient)

8. 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**. (If yes, a brief note on the procedure adopted is to be enclosed) Yes/No
9. 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 percent status)
10. Total Turnover of the firm during the last two years (The latest Income Tax Return duly acknowledged by IT department should be enclosed)
11. Please indicate below any specific conditions that is essential for you to be agreeable to take up the work:
 - a.
 - b.
 - c.

Undertaking

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

Date:

Place:

Signature of Proprietor/ Sole Partner