



**Expression of Interest for short listing Chartered Accountant / Cost Accountant Firms for the monthly concurrent Audit of the accounts of the State 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 1<sup>st</sup> January 2026

| 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 01.01.2026)

4. Number of Part time Partners if any, as on 01.01.2026
5. Number of Full time Chartered Accountants as on 01.01.2026
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): \_\_\_\_\_

8. 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)
9. Whether the firm is implementing quality control  
Policies and procedures designed to ensure Yes/No  
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)
10. 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)
11. Total Turnover of the firm during the last two years  
(The latest Income Tax Return duly acknowledged by IT department should be enclosed)
12. 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 informations 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**

**Expression of Interest for short listing Chartered Accountant/ Cost Accountant Firms for the monthly concurrent Audit of the accounts of the State Health and Family Welfare Society & District Health and Family Welfare Societies**

**Financial Bid**

- a. I / we are agreeable to concurrent monthly audit of the **State Health and Family Welfare Society, Trivandrum**, 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**