

Application Form

for

Submission of Expression of Interest for Internal Audit of SACS

[Letterhead paper of the firm including full postal address, and telephone, facsimile and e-mail address]

Dated: _____

To,
Director (Finance)
National AIDS Control Organization
Ministry of Health & Family Welfare, Govt. of India
6th Floor, Chanderlok Building,
36 Janpath, New Delhi – 110 001

Sir,

I / We the sole proprietor / partners of M/s _____
Chartered Accountants do hereby jointly and severally verify and declare:

- i. That the EOI is being submitted for Internal Audit in the following State(s):

Sr. No.	Name of State	Name of SACS / MDACS / UT SACS	State(s) of Interest
1	Gujarat	Gujarat State AIDS Control Society (GSACS), Ahmedabad Ahmedabad Municipal Corporation AIDS Control Society	Yes / No
2	Andaman & Nicobar UT	Andaman & Nicobar UT SACS	Yes / No
3	Andhra Pradesh	Andhra Pradesh SACS	Yes / No
4	Arunachal Pradesh	Arunachal Pradesh SACS	Yes / No
5	Assam	Assam SACS	Yes / No
6	Bihar	Bihar SACS	Yes / No
7	Chandigarh	Chandigarh SACS	Yes / No
8	Chattisgarh	Chattisgarh SACS	Yes / No

9	Tamil Nadu	Tamil Nadu State AIDS Control Society (TNSACS)	Yes / No
		Chennai District AIDS Control Society (CDACS)	
10	Dadar & Nagar Haveli	Dadar & Nagar Haveli UT SACS	Yes / No
11	Daman & Diu	Daman & Diu UT SACS	Yes / No
12	Delhi	Delhi SACS	Yes / No
13	Goa	Goa SACS	Yes / No
14	Haryana	Haryana SACS	Yes / No
15	Himachal Pradesh	Himachal Pradesh SACS	Yes / No
16	Jammu & Kashmir	Jammu & Kashmir SACS	Yes / No
17	Jharkhand	Jharkhand SACS	Yes / No
18	Karnataka	Karnataka SACS	Yes / No
19	Kerala	Kerala SACS	Yes / No
20	Lakshwadeep	Lakshwadeep UT SACS	Yes / No
21	Madhya Pradesh	Madhya Pradesh SACS	Yes / No
22	Maharashtra	Maharashtra SACS	Yes / No
		Mumbai District AIDS Control Society (MDACS)	
23	Manipur	Manipur SACS	Yes / No
24	Meghalaya	Meghalaya SACS	Yes / No
25	Mizoram	Mizoram SACS	Yes / No
26	Nagaland	Nagaland SACS	Yes / No
27	Orissa	Orissa SACS	Yes / No
28	Puducheery	Puducherry UT SACS	Yes / No
29	Punjab	Punjab SACS	Yes / No
30	Rajasthan	Rajasthan SACS	Yes / No
31	Sikkim	Sikkim SACS	Yes / No
32	Tripura	Tripura SACS	Yes / No
33	Uttar Pradesh	Uttar Pradesh SACS	Yes / No
34	Uttarakhand	Uttarakhand SACS	Yes / No
35	West Bengal	West Bengal SACS	Yes / No

- ii. That the particulars given are complete and correct and that if any of the statements made or the information so furnished in the application form is later found not correct or false or there had been suppression of material information, the firm would not only stand disqualified from the allotment, but would be liable for disciplinary action under the Chartered Accountants Act, 1949 and the regulations framed there under;

- iii. That the firm proprietor or partners have not been debarred or cautioned by ICAI during the last five years (if cautioned give details);
- iv. That individually we are not engaged in practice otherwise or in any other activity which would be deemed to be a practice under Section 2(2) of the Chartered Accountants Act, 1949;
- v. That the constitution of the firm as on 1st January of the relevant year shown in the Expression of Interest is the same as that in the Constitution Certificate issued by the ICAI.

Sl. No.	Name of the Partner / Sole Proprietor	Membership Registration Number	PAN No.	Dates of payment of fee for the relevant year ____ A/B*	Signature of Partner / Sole Proprietor

*A - for membership, B – for issue of Certificate of practice

(Signature of authorized signatory of the firm and seal)

Enclosures: 'Capability Statement' with total ____ pages

Capability Statement

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. Empanelment number with C&AG of India _____

4. (a) Date of constitution of the firm: _____

(b) Date since when the Firm has a full time FCA _____

5. Full-time Partners (in case of Partnership firm) _____
/ Full time Employees (in case of Sole Proprietorship firm) as on 1st January, 2010

(Please provide details in the table below)

Sl. No.	Continuous association with the Firm	Number of FCA	Number of ACA
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- | | | | |
|-----|---|--|--|
| (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 | | |

(Please attached the copy of the Firm's Constitution Certificate issued by ICAI as on 1.1.____)

6. Number of Part time Partners if any, as on 1/1/2010 _____

(in case of Partnership firm)

7. Number of Full time Chartered Accountant(s) as on 1/1/2010 _____

8. 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)

(list to be attached for Sl. No. 5 to 8)

9. Number of Branches if any (please mention places & locations) _____

10. Whether the firm is engaged in any internal or external audit or providing any other services to any Govt. Company / Corporation or co-operative institution etc. Yes / No

(If yes, details may be given on a separate sheet.)

11. 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. Yes / No

(If yes, give brief note of the cases indicating its present status)

12. Whether the firm, while performing audit services, carried out Procurement review / audit to ensure that the procurement is carried out by following World Bank Procurement guidelines and procedures. Yes / No

(If yes, details may be given on a separate sheet, specifying the name of client and the services performed)

13. Whether the firm has experience in performing

internal audit in the State(s) for which EOI is submitted.

(If yes, details may be given on a separate sheet, specifying the name of client)

14. Are there any court / arbitration /legal case(s) against the firm (if yes, give a brief note of the cases indicating its present status) Yes/ No

15. Fees earned by the firm for the last 3 years As per the table below:

Type of audit	Govt. Company / PSU / Autonomous body / Co-operative institution			NGOs / Trusts		
	Year 1 (2007-08)	Year 2 (2008-09)	Year 3 (2009-10)	Year 1 (2007-08)	Year 2 (2008-09)	Year 3 (2009-10)
Statutory Audit / 6-monthly audit review						
Internal / Concurrent Audit						
Total of the Above						

(Signature of authorized signatory of the firm and seal)

List of Annexure:

1. _____

2. _____

3. _____