

**Application Form
for
Submission of Expression of Interest for Internal Audit of hub of SACS**

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

Dated: _____

To,

Under Secretary (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
severely verify and declare:

- (i) That the EOI is being submitted for Internal Audit in the hub* of following State/UTs:-

SN	Regional Auditors hub of 6 States	Regional Auditors hub of 4 States
Hub No	(2)	(7)
1	Arunachal Pradesh	Chennai MACS
2	Assam	Tamilnadu
3	Mizoram	Puducherry
4	Nagaland	Andaman & Nicobar
5	Manipur	
6	Meghalaya	
7		

*Note: The audit firm may apply for one regional hub only. The firm will have to submit their internal audit report for each state separately & one report for entire hub as hub auditor

- (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.
- (vi) That the firm is not the incumbent Internal Auditor of the project or the Project Implementation Authority (PIA).
- (vii) That the no partner of the audit firm or any qualified employee of the firm is related to any member of the Governing Body/Executive Committee/Board of Directors or the Project Director/Managing Director/any Director or any of the senior management (as applicable) of the PIA. Relative would mean husband, wife, brother, or sister or any lineal ascendant or descendant.
- (viii) That neither the firm nor its Partners or Associates have any interest in the business of the PIA.
- (ix) That from the time of appointment and for one year after (to be counted from the date of issue of final audit report) the Firm ceases to be Statutory auditor, no other assignment of any kind to the PIA/project (including consultancy) will be accepted, either by the firm or by its partners or relatives of partners of the firm or by its associates.
- (x) That the audit will not be done by a person who was either an employee in the project or a partner/employee of the retiring auditor, unless such person is employed with the firm for at least one year.
- (xi) The audit firm is not one against which disciplinary orders have been issued by the Public Companies Accounting Oversight Board and these orders are in force. Also, any partner/senior manager of the audit firm is not associated with the audit in any manner if he/she -
 - has been found guilty of professional/other misconduct by the Institute of Chartered Accountants of India under the First or Second Schedule of the Chartered Accountants Act, 1949; or
 - is one against whom disciplinary sanction orders have been passed by the Public Companies Accounting Oversight Board.

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. Addresses of the Head Office & Branch Offices _____
 (may use s separate sheet)
 (Please give complete postal address, telephone no. and e-mail address of each office confirming the presence in the State/UT with year of establishment for giving marking as guidance note of EoI)
- c. PAN NO. of the Firm _____

2. ICAI Registration No. _____

Region Name _____

Region Code No. _____

3. Empanelment number with C&AG of India for major audits _____

4. Date of constitution of the firm: _____

5. Full-time Partners (in case of Partnership firm) / Full time Employees (in case of Sole Proprietorship firm) as on 1st January, 2014

(Please provide details in the table below)

Sl. No.	Continuous association with the Firm	Number of CAs
(a)	CA Partner having Post Qualification Experience (PQE) of 1 year or more with the firm	
(b)	CA Partner having Post Qualification Experience (PQE) of 5 year or more with the firm	
(c)	CA Partner having Post Qualification Experience (PQE) of 10 year or more with the firm	

(Please attached the copy of the Firm's Constitution Certificate issued by ICAI as on 1.1.2014)

6. Number of other staff employed full time with the firm

Sl. No.	Continuous association with the Firm	Number of CAs/Cost Accountant/Technical Qualified Staff
(a)	Full time Staff having Post Qualification Experience (PQE) of 1 year or more with the firm	
(b)	Full time Staff having Post Qualification Experience (PQE) of 5 year or more with the firm	
(c)	Full time Staff having Post Qualification Experience (PQE) of 10 year or more with the firm	

(list to be attached for Sl. No. 5 to 6 as per guidance note for EoI)

7. Whether the firm has experience in audit of financial statements or internal audit of – Yes / No
 - Projects financed by bilateral or multilateral agencies; or
 - Agencies implementing government projects (other than above); or
 - Project in the same sector (other than above).

(If yes, details may be given on a separate sheet as per guidance note for EoI.)

8. 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.)

9. 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)

10. 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)

11. Whether the firm has experience in performing internal audit in the State(s) of hub for which EOI is submitted.

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

12. 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

13. 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 (2010-11)	Year 2 (2011-12)	Year 3 (2012-13)	Year 1 (2010-11)	Year 2 (2011-12)	Year 3 (2012-13)
Statutory Audit / 6-monthly audit review						
Internal / Concurrent Audit						
Assurance/financial Services						
Total of the Above						

(Signature of authorized signatory of the firm and seal)

List of Annexure:

1. ____

2. ____

3. ____

4. ____

5. ____