Annexure-I

Expression of Interest for short listing Chartered Accountant Firms for the Concurrent Audit of the accounts of State Health Society U.T. Chandigarh on a Monthly Basis for the financial year 2016-17.

Status of the ☐ **Firm** **Partnership**

Sole Proprietorship

1. (a) Name of the firm(in Capital Letter) _____
   (b) Address of the Head Office _____

   (Please also give telephone no. _____

   And e-mail address) _____

   © 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:-

4. Full-time Partners/sole Proprietor of the firm as on 1st January,

Sr. 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)	1 year or more but less than 10 years		
(d)	1 year or more but less than 15 years		
(e)	15 year or more		

Note: Please attach the copy of Firm's Constitution Certificate issued by ICAI as on 01-01-2016.

5 Number of Part time partners if any, as on 1st January,

6. Number of Full Time Chartered Accountant as On 1st January ……

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)

   (C) Other professional Staff (please specify)

8. Number of Branches if any (Please mention

   _____

   Places & location):

9. Whether the firm is engaged in any internal
   Or External Audit or any other services Yes/No

   Providing to any Govt. Company/Corporation

   Or Co-operative institution etc.

   If 'Yes', details may be given on a separate sheet.

10 Whether the firm is implementing quality control

   Policies and procedures designed to ensure that all Yes/No

   Audit are conducted in accordance with Statement

   On Standard Auditing Practices.

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)

Undertaking

I/we do hereby declare that the above mentioned information are true & correct and I/we also undertake to abide 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 society U.T. Chandigarh

Date:

Place:

Signature of Proprietor/Sole Partner

Annexure II

Financial bid

Financial bid for the Concurrent Auditof the accounts of State Health Society U.T. Chandigarh on a Monthly Basis for the financial year 2016-17.

Status of the ☐ **Firm** **Partnership**

Sole Proprietorship

1. (a) Name of the firm(in Capital Letter) _____
   (b) Address of the Head Office _____
   (Please also give telephone no. _____
   And e-mail address) _____
   (c) Pan No. of the firm _____

2. I/We quote our rates for Concurrent Audit of State health society .U.T. Chandigarh Rs._____/-(Rupees _____ per month including all taxes and charges.

Signature of Proprietor/Sole Partner with seal