

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 2014-15.

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 01-01-2014.

- 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

Financial bid

Financial bid for the Concurrent Audit of the accounts of State Health Society U.T. Chandigarh on a Monthly Basis for the financial year 2014-15.

Status of the Firm Partnership

Sole Proprietorship

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(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