

APPOINTMENT OF CON CURRENT AUDITOR FOR THE FY 2022-23

SELECTION PROCESS

Interested firms of Chartered Accountants are requested to submit your EOI in two parts;

1. Technical Offer
2. Financial Offer

Both the bids will be submitted in separate sealed envelops with superscript "Technical Offer" and "Financial Offer". The two sealed covers containing the bids shall be put in another cover and cover should be superscript with "EOI for Monthly Con current Audit and submit by hand / sent to ;

NATIONAL HEALTH MISSION(AROGYAKERALAM)

DPM Office, W& C Hospital Compound, Thycaud,
Thiruvananthapuram-695014
Phone/Fax: 0471 2321288, 9846545412.

Last date for receipt of the completed EOI is : 07th DECEMBER 2022, 2:00 PM . The EOI will be opened on the same day 3:00PM

Enclosed:

1. Technical Bid
2. Financial Bid

Documents should be attached in the Technical Bid cover;

1. Filled Technical Bid form (Appendix -II A)
2. Correctly filled Bid form
3. Copy of ICAI Certificate
4. Copy of partnership deed/ any other related
5. Company profile & experience of works so far (in detailed)
6. Copy of Income tax returns for the last 3 financial years.
7. Copy of last 3 years financial statement/ Turn over
8. Any other relevant documents which are prove your efficiency / experience in audit side.

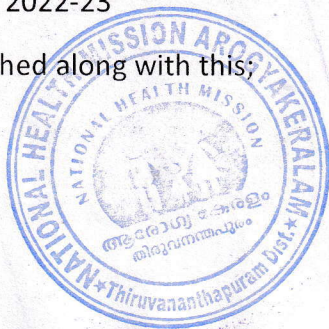
Documents should be attached in the Financial Bid cover;

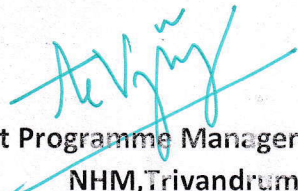
1. Correctly filled financial bid form (Appendix-II B)

General Direction

1. Two bid forms (Technical & Financial) should be signed, sealed in a separate envelop with superscript the bid type in the cover.
2. Both covers should put together in another big envelop and superscript "EOI for Inviting Con current Auditors 2022-23"

The details and documents are attached along with this;




District Programme Manager
NHM, Trivandrum



NATIONAL HEALTH MISSION (AROGYAKERALAM)

O/o District Programme Manager

W& C Hospital Compound, Thycaud, Thiruvananthapuram-14

E-mail ID: dpmtrivandrum@gmail.com

Phone/Fax: 0471 2321288, 9846545412

-DOCUMENTS -

**EXPRESSION OF INTEREST FOR THE APPOINTMENT OF CON-
CURRENT AUDITOR IN TRIVANDRUM DIST.**

Name of CA firm.....

Address.....

.....

Contact no.....

Signature with Seal

Date

Place.....

TECHNICAL BID

APPENDIX-II A

Expression of Interest for short listing Chartered 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 1st January 2022

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 01.01.2011)

4. Number of Part time Partners if any, as on 01.01.2022
5. Number of Full time Charteted Accountants as on 01.01.2022
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 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) Yes/No
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

FINANCIAL BID

APPENDIX-II B

Expression of Interest for short listing Chartered 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 Rsper 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