

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

<u>-DOCUMENTS -</u> EXPRESSION OF INTEREST FOR THE APPIONTMENT OF CONURRENT AUDITOR 2022-23& 2023-24 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 District Health and Family Welfare Society, Thiruvananthapuram Dist

Status of the Firm(tick)	Partnership	Sole Proprietorship	
(b) Address of t	given telephone no.		
(c) PAN No. of the			
2. ICAI Registration Region Code No	2	Region Name	

3. (a) Date of constitution of the firm :

(b) Date since when the firms has a full time FCA:

4. Full-time Partners/ Sole Proprietor of the firm as on 31st March 2023

SI.	Year of continues association with	Number of FCA	Number of ACA
NO	the firm)
1	Less than One year		
2	1 year or more but less than 5 years	1	
3	5 years or more but less than 10 years		
4	10 years or more but less than 15 years		
5	15 years or more		

(Please attach the copy of Firm's Constitution Certificate issued by ICAI)

- 5. Number of part time partnered if any, as on 31st March 2023.....
- 6. Number of full time Chartered Accountant as on 31st March 2023.....
- Number of audit staff employed full-time with the firm as on 31st March 2023 (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 place & location, Separate Sheet):
- 9. Whether the firm has conducted statutory / internal audit in institutions/societies under Kerala Health Services Department and if so provide complete details (attached separate sheet if space is insufficient)
- 10. Whether the firm is implementing quality control

 Policies and procedures designed to ensure
 Yes/No

 that all audit are conducted in accordance with
 Yes/No

 statement on Standard Auditing Practice.
 (if yes, a brief note on the procedure adopted is to be enclosed)
- 11. Whether there are any court/arbitration/any

 other legal case against the firm
 Yes/No

 (if yes, five a brief note of these case indicating its present status)

Undertaking

I/We do hereby declare that the above mentioned information are true & correct and I/We also under take 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 District Health and Family Welfare Society.

Date: Place:

Signature of Proprietor/ Sole Partner

Seal

Expression of Interest for short listing Chartered Accountant Firms for the monthly concurrent Audit of the District Health and Family Welfare Society, Thiruvananthapuram

Financial Bid

- a. I / we are agreeable to concurrent monthly audit of the District Health and Family Welfare Society, Thiruvananthapuram at a fees of Rs......per 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 rate, will be extra.
- d. Other financial terms are :
 - a.
 - b.
 - c.
 - d.

Date:

Place:

Signature of Proprietor / Sole Partner Seal