

# DAMAN AND DIU STATE AIDS CONTROL SOCIETY

## CALL FOR EXPRESSIONS OF INTEREST: CHARTERED ACCOUNTANT FIRMS FOR INTERNAL AUDIT OF PERIPHERAL UNITS UNDER DAMAN AND DIU STATE AIDS CONTROL SOCIETY

1. The Daman and Diu State AIDS Control Society (SACS) are responsible for implementing the National AIDS Control Programme (NACP) Phase III in the UT of Daman and Diu. The Government of India has received a Credit (Credit- 4299-IN) from the funds pooled by the International Development Association and DFID in various currencies towards the cost of Third National HIV/AIDS Control Project and it is intended that part of the proceeds of this credit will be applied to eligible payments under the contracts for which this invitation for Bids is issued. Daman and Diu SACS is a registered organisation under the control of the UT Government and it the nodal organisation for all the HIV/AIDS prevention and control work that is taken up in the UT. Daman and Diu SACS releases fund to peripheral organisations like NGOs and hospitals under the Government sector. Hence it is essential to assess as to conduct a internal audit to assess as to how the peripheral units have discharged their fiduciary responsibilities.
2. Expressions of Interest are invited from **CAG empanelled Chartered Accountant firms** to conduct the internal audit of peripheral units under Daman and Diu SACS for a financial year 2010-2011.

### ELIGIBILITY & ASSESSMENT CRITERIA;

The Eol and capability will be assessed against evidence of skills and experience in providing accountancy services in the UT.

### REQUIREMENTS

The Eol should be sent along with a Capability Statement including a profile of the organisation relevant technical and geographical coverage along with the financial turnover for the last 3 financial years. A format for the capability statement is available on the web-site: <http://daman.nic.in>. Individual CVs are not required at this stage. Any Eol with inadequate information, those which do not meet the above criteria, or those received after the closing date will not be short listed. Eol should be as concise and focused as possible to give evidence of the above requirements including the capability statement and organisation profiles. They should be mailed to the Project Director (AIDS), Daman and Diu SACS, 2<sup>nd</sup> Floor, Community Health Centre Campus, Fort Area, Moti Daman, Daman – 396 220 to arrive no later than than 5.00 pm on 10<sup>th</sup> June 2011. Only organisations, which pass the pre-selection process, will be contacted and invited to submit detailed proposals.

### FOR FURTHER INFORMATION

For further information on NACP, interested bidders are requested to contact through the following e mail id: [ddsacs@gmail.com](mailto:ddsacs@gmail.com) or Tel No.: 0260 – 2230192.

( Dr. Devendra K Makwana )  
Project Director (AIDS)  
Daman & Diu, Daman

No. SACS/DD/106/Part-II/2011/68

Dated : 23th May 2011

**EXPRESSION OF INTEREST FOR  
SHORT LISTING CHARTERED ACCOUNTANT FIRMS  
FOR THE INTERNAL AUDIT PERIPHERAL UNITS UNDER  
DAMAN AND DIU STATE AIDS CONTROL SOCIETY**

**PART – A**

Status of the Firm

Partnership

☐

Sole Proprietorship

☐

|   |   |  |
|---|---|--|
| 1 | (a) Name of the firm<br>(in Capital letters)  |  |
|   | (b) Address of the Head Office<br>(Please also give telephone no. and e-mail address) |  |
|   | Telephone No.   |  |
|   | E-mail  |  |
|   | (c) PAN No. of the firm   |  |
| 2 | ICAI Registration No.   |  |
|   | Region Name   |  |
|   | Region Code   |  |
| 3 | Empanelment number with C&AG  |  |
| 4 | (a) Date of constitution of the firm :  |  |
|   | (b) Date since when the firm has a full time FCA                                      |  |
| 5 | Full time Partner / Sole Proprietor of the firm as on 1 <sup>st</sup> January 2011    |  |

| S. No. | 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 years or more but less than 10 years  |               |               |
| (d)    | 10 years or more but less than 15 years |               |               |
| (e)    | 15 years or more                        |               |               |

Note : Please attach the copy of firm's Constitution Certificate issued by ICAI as on 1.1.2011.

|   |   |  |
|---|---|--|
| 6 | Number of part time partners if any, as on 1 <sup>st</sup> January 2011     |  |
| 7 | Number of Full time Chartered Accountant as on 1 <sup>st</sup> January 2011 |  |
| 8 | Number of audit staff employed full-time with the firm                      |  |
|   | (a) Articles / Audit Clerks   |  |
|   | (b) Other than Audit Staff (with knowledge of book keeping and accountancy) |  |
|   | (c) Other Professional Staff (please specify)                               |  |

(list to be attached for Sl. No. 5 to 8)

|   |  |                             |      |  |
|---|--|-----------------------------|------|--|
| 9   | Number of Branches if any<br>(please mention places and locations)   |                             |      |  |
| 10  | 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.<br>If 'YES' details may be given on a separate sheet.                                    | YES / NO                    |      |  |
| 11  | Whether the firm is implementing quality control policies and procedures designed to ensure that all audits are conducted in accordance with Statements on Standard Auditing Practices.<br>(if YES, a brief note on the procedure adopted is to be enclosed) | YES / NO                    |      |  |
| 12  | Are there any Court / arbitration / legal cases against the firm<br>(if YES, give a brief note of the cases indicating its present status)   | YES / NO                    |      |  |
| 13  | Fees earned by the firm for last 5 years   |                             |      |  |
| Type of Audit                                     | PSU / Autonomous body  | Companies in private sector | Bank |  |
| Statutory / Branch Audit / 6 monthly audit review |  |                             |      |  |
| Internal / Concurrent Audit                       |  |                             |      |  |
| Total of the above                                |  |                             |      |  |

## PART - B UNDERTAKING

I/We the sole proprietor/partners of M/S\_\_\_\_\_ chartered accountants do hereby jointly and severally verify and declare:-

- (i) 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 thereunder;
- (ii) that the firm proprietor or partners have not been debarred or cautioned by ICAI during the last five years ( if cautioned give details);
- (iii) 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;
- (iv) 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.

| Sl. No. | Name of the Partner / Sole Proprietor | Membership registration number | PAN No. | Dates of payment of fees for the relevant year A/B* | Signature of Partner / Sole Proprietor |
|---------|---------------------------------------|--------------------------------|---------|---|--|
|         |                                       |                                |         |   |  |
|         |                                       |                                |         |   |  |

\*A for membership

B for issue of Certificate of practice

(seal of the firm)

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Encl \_\_\_\_\_ pages

Signature of Proprietor/Sole Partner

**Standard Evaluation Sheet for Evaluation of the Technical Bids  
of the External Auditors  
(CA Firms)**

|   | Criteria   | Remarks | Max. Marks | Marks obtained |
|---|--|---------|------------|----------------|
| 1 | No. of partners<br>FCA /<br>ACA  |         | 10         |                |
| 2 | Years of experience<br>Partner A + Partner B + Partner C<br>+ Partner D + .....  |         | 10         |                |
| 3 | Years of Partners association with<br>the firm :<br>Partner A + Partner B + Partner C<br>+ Partner D + .....           |         | 10         |                |
| 4 | No. of Staff   |         |            |                |
|   | i. Qualified   |         | 10         |                |
|   | ii. Semi Qualified   |         | 5          |                |
|   | iii. Others  |         | 5          |                |
| 5 | Nature of experience<br>(giving turnover / project cost /<br>years of experience of the entities<br>/ projects audited |         |            |                |
|   | i Health Sector Audit  |         | 20         |                |
|   | ii Govt. Social Sector   |         | 5          |                |
|   | iii Other social sector  |         | 5          |                |
| 6 | No. of Branches  |         | 10         |                |
| 7 | Total turnover of the firm in last<br>three years  |         | 10         |                |
|   | TOTAL  |         | 100        |                |

Note :

1. ***In the invitation letter, CA firms will be asked to give details of all these criteria while applying.***
2. ***CA firms will also provide their latest Certification of Firm Constitution as on 1<sup>st</sup> January 2011 issued by ICAI and their Latest Income Tax Return duly acknowledge by IT Department. Firms not able to provide these two documents will not be considered.***
3. ***Each member of the evaluation committee will fill up this form separately.***
4. ***Total marks given by all the members will be totalled and the Audit work will be awarded to the firm obtaining maximum makrs.***

Name of the Member

Signature with Date :