

Government of UT of Daman & Diu
Directorate of Medical & Health Services
State Health Society, UT of Daman & Diu

SELECTION OF AUDITORS - REQUEST FOR PROPOSAL

**HIRING SERVICES OF CHARTERED ACCOUNTANT FIRM FOR STATUTORY AUDIT
OF STATE HEALTH SOCIETY (SHS) & DISTRICT HEALTH SOCIETY (DHS) - (FOR THE
FINANCIAL YEAR 2012-13) under National Rural Health Mission (NRHM)**

Govt of India (GOI) in partnership with the States is implementing the National Rural Health Mission which comprises of various programs, with the objective of improving medical facilities in the rural areas and seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections. To facilitate implementation of NRHM, State and District level entities (Health Societies) have been registered which work under the administrative control of the Department of Health & family Welfare. The State Health Society UT of Daman & Diu, invites 'Request for Proposals' (RFP) from firms of Chartered Accountants empanelled with C& AG and which meet the all the conditions in the eligibility criteria listed below, for carrying out the statutory audit of the State and for the financial year 2012-13 as per the Terms of Reference provided in the RFP

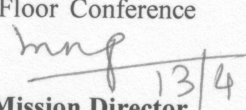
Eligibility Criteria: The firm must (a) be empanelled with C & AG and ICAI and existed for not less than 5 years; (b) have at least Four (4) Full Time Fellow Partners continuously associated with the firm for not less than 3 years (As per Certificate of ICAI as on 1.1.2013); (c) have an average turnover of Rs 25 lacs p.a in the last 3 years; (d) have carried out at least 10 Statutory Audits of corporate entities having a turnover of not less than Rs 20 crores other than Bank Branch Audit and (e) have at least 4 audit assignments in the State/ Central Social Sector (excluding audit of Charitable Institutions & NGOs) / Externally Aided Projects).

Detailed RFP: Detailed Request for Proposal (RFP) comprising Background, Terms of Reference (ToR) and Guidelines for submitting the proposal can be either downloaded from the state's website www.daman.nic.in or can be collected from the O/o Mission Director, State Health Society, UT of Daman & Diu, Community Health Centre, Fort Area, Moti Daman - 396220 between 9:00:00am to 1:00pm and 5:00:00pm to 3:00:00pm

Important Dates:

- i. Last date for collection of RFP from Office of SHS: 20/04/2013
- ii. Date for pre-bid conference: 22/04/2013
- iii. Last date for submission of Proposal to SHS: 30/04/2013
- iv. Date of opening of financial bid: 06/05/2013

Venue for Pre-bid Conference: Pre-bid Conference would be held at 2nd Floor Conference Hall, Community Health Centre, Fort Area, Moti Daman, Daman


Mission Director,
State Health Society,
UT of Daman & Diu.

Address:

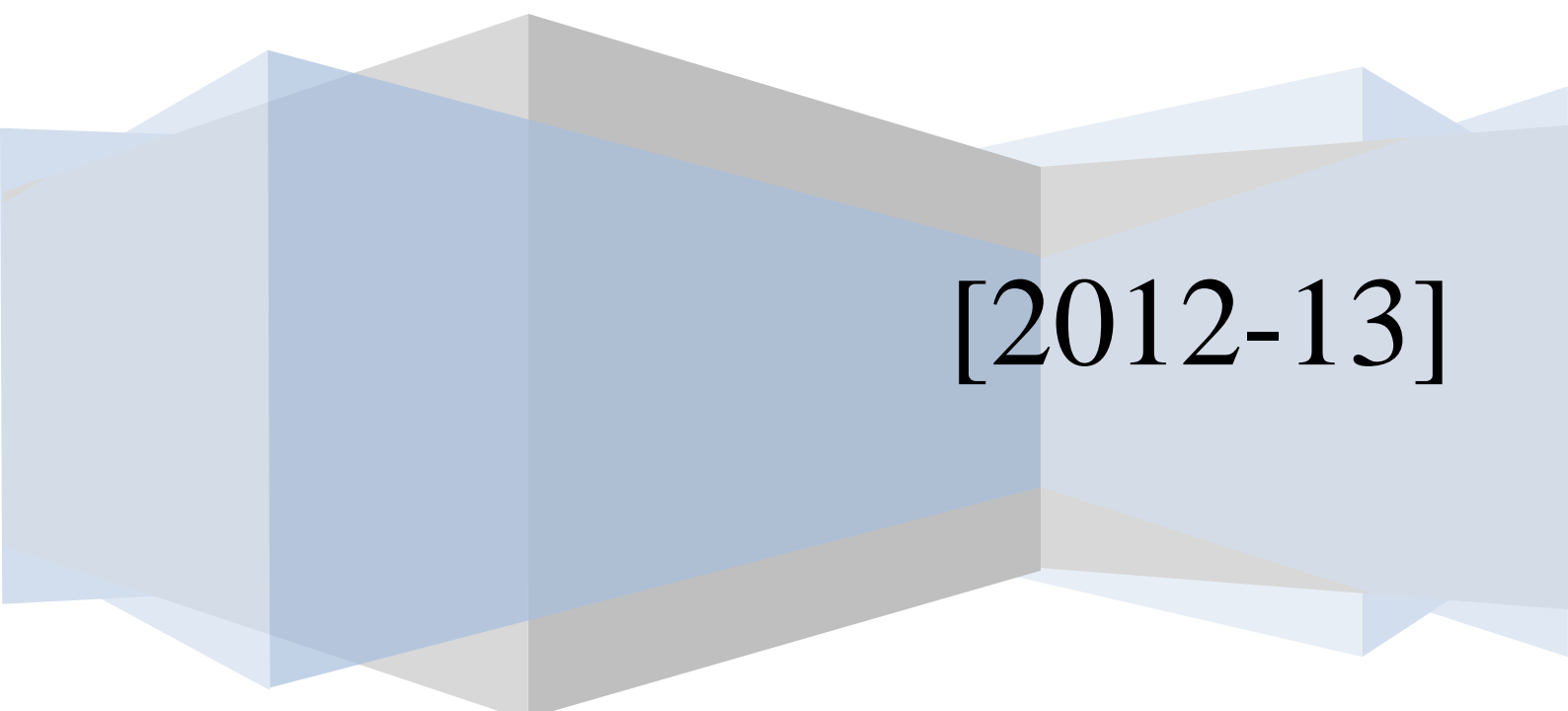
Mission Director,
SHS of UT of Daman & Diu,
Government of UT of Daman & Diu,
Email id: md_dd_nrhm@nic.in
FAX: 0260-2230570 & Phone: 0260-2230470



Request for Proposal (RFP)

**For Appointment of Statutory Auditor for
State Health Society (SHS) and District Health
Society (DHS) of UT of Daman & Diu for
Audit of all programmes under NRHM
including NDCPs**

(Amended for the Year 2012-13)



[2012-13]

REQUEST FOR PROPOSAL (RFP) –

State Health Society, UT of Daman & Diu, seeks to invite Proposal from **C& AG empanelled Chartered Accountants firms those are eligible for major PSU audits for year 2012-13** for conducting the statutory audit of State and District Health Societies under the National Rural Health Mission for 2012-13.

The details about the background of the auditee, the units to be covered in the audit, scope of work, terms of reference, and the eligibility criteria for selection of the C. A. firms are given in the following paragraphs.

Terms of Reference (ToR)

Section I - Background

1. National Rural Health Mission (NRHM) of the Ministry of Health & Family Welfare was launched on 12th April, 2005 by the Government of India to improve medical facilities in all the rural area in the country. The NRHM seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections. It also seeks to reduce the Maternal Mortality Ratio (MMR) in the country from 407 to 100 per 1,00,000 live births, Infant Mortality rate (IMR) from 60 to 30 per 1000 live births and the Total Fertility Rate (TFR) from 3.0 to 2.1 within the 7 year period of the Mission.
2. One of the visions of the Mission is to increase public spending on health from 0.9% to 2-3% of GDP, with the improved arrangement for community financing and risk pooling. The NRHM has provided an umbrella under which the existing Reproductive and Child Health Programme (RCH) and various National Disease Control Programmes (NDCPs) have been repositioned.
3. At present the following Schemes come under the National Rural Health Mission:
 - A. National Disease Control Programmes:
 - National Vector Borne Disease Control Programme (NVBDCP).
 - Revised National Tuberculosis Control Programme (RNTCP).
 - National Leprosy Control Programme (NLCP).
 - National Trachoma & Blindness Control Programme.
 - National Iodine Deficiency Disorder Control Programme (NIDDCP).
 - Integrated Disease Surveillance Project (IDSP).
 - B. Reproductive and Child Health Programme: (RCH Flexipool)
 - C. Additionalities Under NRHM: (Mission Flexipool)
 - D. Operating Costs for Routine Immunisation & Injection safety.
 - E. Operating Cost for Pulse Polio Immunisation.
 - F. Others like: IEC, NGO, Deafness Control, etc.
4. **Institutional and Funding Arrangements:**

For the implementation of the above programmes an MOHFW has required the creation of an Integrated Health Society at State and District levels (registered as a legal entity at the State and District under the national or State Society Registration Act). This is against the earlier arrangement of having distinct legal units (societies) for each program/scheme. Such integrated State Health

Society (SHS) works in close coordination with the Directorate of Health & Family Welfare and District Health Societies (DHS) work in coordination with the District Collector and District CMO. Program implementation is done through its District Chief Medical Officer's office, Blocks, Community Health Centres (CHCs), Primary Health Centres (PHCs), Sub- Centres (SCs), Rogi Kalyan Samities and Village Health & Nutrition Sanitation Committees. Certain activities may be managed at the State level such as drug procurement, IEC, civil works, training using specialized entities such as SIHFW, IEC Bureau, PWD, the Directorate of Health and Municipal Corporations for the urban health components. In addition funds are also released to NGOs and private entities under public private participation arrangements.

Funding & Accounting Arrangements:

Funds for the various programs are transferred to the States from the Government of India in the form of Grants-in-Aid to SHS on the basis of respective State Programme Implementation Plan (SPIPs) and approved Annual Work Plans which are prepared on the basis of District Health Action Plans (DHAP) of each of the districts in the State. Under the umbrella of the integrated SHS/DHS each program has separate bank accounts, maintains separate books of accounts and other financial records as per the requirements of each program and also submit separate financial activity reports at varying frequencies to the respective monitoring unit in MOHFW (GOI).

5. Financing by Development Partners/ Donors:

Some of the programs are supported by development partners such as the World Bank, DFID, UNFPA, European Union, and GFATM etc. for which grant/ credit agreements have been entered into by GoI with the respective development partners. Compliance with specific fiduciary requirements of the development partners will additionally need to be reported by the auditors. Copies of the legal agreements and other project documents will be provided to the auditors, if needed.

Section II

6. Objective of audit services:

The objective of the audit is to ensure that MOHFW receives adequate, independent, professional audit assurance that the grant proceeds provided by MOHFW are used for purposes intended in line with approved PIPs and AWP of individual programs and that the annual financial statements are free from material mis-statements and the terms of the credit/ loan agreements of the development partners are complied with in all material respects.

The objective of the audit of the financial statements - individual State and District Health Society financial Statements as well as the Consolidated Financial Statements of the State and District Financial Statements as a whole i.e. (Balance Sheet, Income & Expenditure, Receipt & Payment, together with relevant accounting policies, notes to accounts and schedules (Bank Reconciliation Statements, Statement of Funds Position, Reconciliation of Expenditures as per Audited financial statements with the expenditure reported as per the Financial Monitoring Report (FMR) and A Statement of Expenses (Reimbursable from the Development Partners in a separate format) is to enable the auditor to express a professional opinion as to whether -

(1) The financial statements give a true and fair view of the Financial Position of the individual DHS,SHS and Consolidated District and State Health Societies at the end of each fiscal year and of the funds received and expenditure incurred for the accounting period ended March 31, 200.....

(2) The funds were utilized for the purposes for which they were provided, and

(3) Where programs are financed by development partners, the respective program expenditures are eligible for financing under the relevant grant/ credit agreement.

The books of accounts as maintained by the State and District Health Societies and other participating implementing units (Blocks, PHCs, sub centers and CHMOs etc) shall form the basis for preparation of the individual DHS and SHS financial statements as well as the consolidated financial statements for the state as a whole.

7. **Standards:** The audit will be carried out in accordance with **Engagement & Quality Control Standards (Audit & Assurance Standards)** issued by the Institute of Chartered Accountants of India in this regard. The auditor should accordingly consider materiality when planning and performing (except where a certain minimum coverage of implementing units is specified) the audit to reduce the risk to an acceptable level that is consistent with the objective of the audit. In addition the auditor should specifically consider the risk of material misstatements in the financial statements resulting from fraud.
8. **CA firms eligible for Audit:** Chartered Accountants firms those are empanelled with C & AG for the year 2012-13 and eligible for doing major PSU audits only will be eligible for the audit of the NRHM program. In these regard firm has to submit the detail about the firm as per form T-2.
9. **Audit fees and TA/DA :** The firm those who are interested to be appointed will have to quote consolidated audit fees giving a break up of professional fees and expenses on TA/DA separately. The firm quoting the minimum consolidated fees will be allotted the work of audit. The expenditure on TA/DA will be reimbursed only on submission of actual bills subject to the minimum amount as quoted by the said form. In case the audit team request with the state for stay arrangement etc then the cost to the state for such stay arrangements etc will be adjusted against the consolidated fees quoted.
10. **Scope & Coverage of audit:** In conducting the audit special attention should be paid to the following:
 - a) An assessment of adequacy of the project financial systems, including financial controls. This should include aspects such as adequacy and effectiveness of accounting, financial and operational controls; level of compliance with established policies, plans and procedures; reliability of accounting systems, data and financial reports; methods of remedying weak controls ; verification of assets and liabilities; a specific report on this aspect would be provided by the auditor annually as part of the management letter.
 - b) Funds have been spent in accordance with the condition laid down by the Department of Health & Family Welfare, Government of India from time to time with due attention to economy and efficiency, and only for the purpose for which the financing was provided. Counterpart contribution from State Government, where required has been provided.
 - c) Goods and services financed have been procured in accordance with the relevant procurement guidelines issued by the GoI/ State Government. However, for various programmes, **special attention must be paid to the requirements of the agreement between GoI and development partners (such as for RCH-II, RNTCP, IDSP and NVBDCP)**. Such requirements are available within the State/ District's concerned Program Officers. For such externally funded programmes, auditor must satisfy that all expenditure, including procurement of goods and services have been carried out as per the procurement manual of the individual programmes and guidelines issued by the Programme Divisions of GoI and have all the necessary supporting documentation.
 - d) Expenditures, ineligible for financing by the development partners (as documented in the Development Credit Agreement with IDA and equivalent agreement with DFID) are disclosed

adequately in the financial statements and have to be certified in a separate statement as per the format provided.

- e) All necessary supporting documents, records and accounts have been kept in respect of the project.
- f) **Sample Coverage of sub district Implementing Units:** Audit will cover 100% District Health Societies (DHSs) each being a legally registered society and at least 40% of the Block Level CHC/PHC (*at least 50% of such blocks should be new and remaining may be those covered in the audit of last year*). The sample shall be selected in a manner that Block level PHC/CHC in each district is included in the sample coverage. All the vouchers pertaining to all the health facilities will be available at the respective health facilities (DH, CHCs/PHCs) for the purpose of audit.
- g) The Statutory Auditor may review the concurrent audit reports / quarterly executive summaries and may consider material observations / findings while forming his opinion on overall internal control and truth & fairness of accounts/financial statements.

9. Project Financial Statements

A format of such financial statements and relevant schedules showing the consolidation of all the programmes is given at (**APPENDIX A - FORMAT of FINANCIAL STATEMENTS**) and also on the website of MoHFW at www.mohfw.nic.in. Project Financial Statement (SHS, DHS and Consolidated) shall include the following:

- i. Audit Opinion as per **APPENDIX-C**.
- ii. Balance sheet showing accumulated funds of the project balances other assets of the project, and liabilities, if any.
- iii. Income & Expenditure account for the year ending on 31st March....,
- iv. Receipt and Payment Account for the year ending on 31st March....,
- v. Other Schedules to the Balance sheet as appropriate, but which shall include
 - Statement of Fixed Assets in the form of a Schedule,
 - Schedule of Loans and Advances (Age-wise analysis)
 - Schedule of all Cash & Bank Balances (attach bank reconciliation statements)
 - Program wise statement of expenditure
- vi. Notes on Accounts showing the accounting policies followed in the preparation of accounts in the State Health Society and District Health Societies and any other significant observation of the auditor.
- vii. Auditor shall have to specify the significant observations, including internal control weaknesses for each program and also specify the institution to which these relates to enable/facilitate appropriate follow up action.
- viii. Sanction wise Utilization Certificates (UCs) as per Form 19-A of GFR 2005; duly tallied with the Income & Expenditure and expenditure on Fixed Asset during the financial year (which have been shown as capitalized) **[Attach a statement showing the details of expenditures clubbed in the Utilisation Certificate tallying with the Income & Expenditure Account and Schedules forming part of it].**

A separate utilisation certificate for 15% state share contribution has to be issued.

viii. Action Taken Report on the previous year's audit observations.

ix. Reconciliation of the FMR Expenditures of the last quarter i.e 31st March with expenditure as per the Annual Audited Financial Statements in the FMR format only for the financial year covered by audit period identifying the variance and the reasons for the same. This has to be certified by the auditor.

x. Representation by Management: The DHS and SHS management should sign the financial statements and provide a written acknowledgement of its responsibility for the preparation and fair presentation of the financial statements and an assertion that the project funds have been expended in accordance with the intended purposes as reflected in the financial statements.

xi. Statement of Reimbursable Expenses as per Format given vide **APPENDIX-E**

10. Financial Monitoring Reports (FMR)

In addition to the primary opinion on the financial statements, the auditor is required to audit last quarter FMR (quarter ending March) submitted to MOHFW. The auditor should apply such tests as the auditor considers necessary under the circumstances to satisfy the audit objective. Where ineligible expenditures are identified as having been included in the financial reports, these should be separately noted by the auditors. The audit report should include a separate paragraph commenting on the accuracy and propriety of expenditures included in the financial statements and FMRs including whether procurement procedures have been followed, and the extent to which the GoI can rely on Quarterly FMRs.

Management Letter:

In addition to the audit reports, the auditor will prepare a "Management Letter" as per **Appendix-D**, in which the auditor should summarise the observation on the internal control issues (other than those which materially affect his opinion on the financial statements) as under:

- Give comments and observations on the accounting records, systems and internal controls that were examined during the course of the audit;
- Identify specific deficiencies and area of weakness in the system and internal controls and make recommendations for their improvement;
- Report on the level of compliance with the financial internal control.
- Report any procurement which has not been carried out as per the procurement manual/ guidelines of the state for the individual programmes such as; RCH-II, RNTCP, IDSP etc.
- Communicate matters that have come to the attention during the audit which might have significant impact on the implementation of the project; and
- Bring to Society's attention any other matter that the auditor considers pertinent.

The observations in the management letter must be accompanied by the implications, suggested recommendations from the auditors and management comments/ response on the Observations/ recommendations have to be obtained and reported along with the Audit report.

13. Reporting and Timing

The final Audit Report should be submitted by 31st July, (i.e. within four months of the end of the financial year), to the State Health Society and the State Society should then promptly forward **3 copies (Spiral Bound) and also soft copy in MS Excel / MS Word and Scanned (Both) is also**

to be submitted in mail or CD of the audited financial statements and audit report along with the final Utilisation Certificates signed by the State and Auditor both, to GoI with their comments, if any.

14. Additional Instructions to Auditors

- a) Audit Report of the State Health Society (SHS) shall include audit of all the transactions at the State level as well as all the transactions in the District Health Societies (DHSs) within the State.
- b) Audit for the financial year will include all the components under NRHM.
- c) The auditor will specifically mention in the audit report about the coverage of audit (SHOULD MENTION THAT AUDIT OF ALL THE DISTRICTS HAS BEEN COMPLETED BY HIM) on these components and also will ensure that the releases and expenditures are duly separately reflected in each program financial statements.
- d) The auditor appointed shall be required to issue separate Audit Report for each Programme individually for the State and each District and prepare a consolidated Report also for the State and all the Districts and also for each programme separately (i.e. one for RCH, NRHM Additionalities, Immunisation & PPIP and others for each Individual NDCPs such as RNTCP, IDSP, NVBDCP etc. and he will have to do the consolidation of audit reports of all the programmes for each District Health Societies (DHS) and State Health Society (SHS). It is also required to issue separate audit report for each District and State level for each programme separately (with accounting policies, notes to accounts and management letter. For example for a State having 10 districts he will have to issue 10 Consolidated Audit Report for each district (covering all the programmes like RCH, NRHM, Routine Immunisation, Pulse Polio, RNTCP, NVBDCP, IDSP etc.) and at State level he will issue one Consolidated Report as in the district and six individual report also for programmes other than RCH, NRHM, Routine Immunisation and Pulse Polio i.e. RNTCP, NVBDCP, IDSP, NIDDCP, Blindness Control and Leprosy Control Programmes. All state level report shall have to be issued in four sets (Three sets to MoHFW and one set for State). Consolidated Report is to be sent to NRHM-Finance Division and individual reports of individual programmes to the respective programme divisions of the Ministry)
- e) Financial Statements and relevant schedules shall be prepared in accordance with the format provided by Ministry of Health and Family Welfare, GoI (**APPENDIX-A - FORMAT of FINANCIAL STATEMENTS**). However, specific programme requirements (in accordance with the agreement with the GoI and Development Partners) may also be incorporated in the separate schedule of the programme.
- f) Auditor shall certify the Utilization Certificates in the prescribed format (Form 19 A of GFR, 2005) of GOI. The Utilization Certificates should be jointly signed by the Mission Director, State Programme Officers in charge of concerned Programme and the Auditor.
- g) The auditor shall also append the Checklist (**APPENDIX-B - CHECKLIST FOR AUDITOR**)
- h) The auditor shall also certify the FMR on the basis of audited expenditure with all the line activities for the last quarter (quarter ending March 2013 showing cumulative and head wise expenditure for the complete financial year) along with the Audited Statement of Accounts. Auditor shall certify a comparative statement showing expenditure as per FMR and as per Audit Report. Auditor must also document the reason for variances between the FMR figures and audited figures in cases where the variances are significant e.g. more than 15% from the audited figures at each component level.

- i) Audit Opinion as per the Model Format provided at **APPENDIX – C**.
 - j) Management Letter as per **APPENDIX – D** along with the comments/reply of the Mission Director, State Health Society.
 - k) Auditor shall certify a statement of reimbursable expenditures (audited) as per the format provided **APPENDIX – E**.
15. **General:** The State should ensure that the Auditor must be appointed for all the disease control programmes under NRHM and Uniform Accounting system is being followed for all the disease control programmes under NRHM. The State should also ensure that the auditor should follow the latest formats given in the RFP.

The auditor should be given access to any information relevant for the purpose of conducting the audit. This will normally include (other than all financial and procurement records) the SPIPs, AWP, MOU/LOU signed between MOHFW and the State/ SHS, instructions issued by MOHFW regarding scheme guidelines (e.g. JSY etc.), administrative orders issued by the SHS/ DOHFW/ Directorate of Health including cost norms etc. Where programs are financed by Development Partners copies of the legal agreement, project appraisal document should be made available to the auditors.

Guidelines for Submitting the Proposal

Agencies are required to submit the proposal as per the guidelines and formats detailed out in the following paras:

- i. The original and all copies of the Technical Proposal shall be placed in a sealed envelope clearly marked “**TECHNICAL PROPOSAL**” Similarly, the original Financial Proposal shall be placed in a separate sealed envelope clearly marked “**FINANCIAL PROPOSAL**” followed by the name of the assignment, and with a warning “**DO NOT OPEN WITH THE TECHNICAL PROPOSAL.**” The envelopes containing the Technical and Financial Proposals shall be placed into an outer envelope and sealed. This outer envelope shall bear the submission address, reference number and title of the Assignment, and be clearly marked “**DO NOT OPEN, EXCEPT IN PRESENCE OF THE OFFICIAL APPOINTED.**” The Society shall not be responsible for misplacement, loss or premature opening if the outer envelope is not sealed and/or marked as stipulated. This circumstance may provide a case for Proposal’s/ bid’s rejection. If the Financial Proposal is not submitted in a separate sealed envelope duly marked as indicated above, this shall constitute grounds for declaring the Proposal non-responsive/ invalid.
- ii. **Single Proposal:** A firm should submit only one proposal for one State. If a firm submits or participates in more than one proposal, all such proposals shall be disqualified.
- iii. All agencies must comply with the Technical Specification, General Conditions and Format/Requirements for Technical and Financial proposal.
- iv. The Technical Proposal shall be marked “ORIGINAL” or “COPY” as appropriate. All required copies of the Technical Proposal are to be made from the original. If there are discrepancies between the original and the copies of the Technical Proposal, the original governs.
- v. Financial proposals submitted by the firm should be valid for 6 months from the date of submission of the proposal by the firm.

- vi. Each page, Form, Annexure and Appendices of the Technical and Financial Proposal must be signed by the Authorised signatory of the firm.
- vii. All blank spaces in the financial proposal must be filled in completely where indicated, either typed or written in ink.
- viii. State Health Society (SHS) reserves the right to accept or reject any application without giving any explanation and can change the evaluation criteria as per its requirements in the interest of the organisation.
- ix. If the required constitution of the team is not deployed the state may take appropriate action as it deems fit (including blacklisting of the firm) against the firm, keeping the Ministry informed.
- x. A firm cannot undertake the audit assignments of more than three States in a year. The audit assignments must be opted for as awarded by the states chronologically that is on first come first serve basis.

Technical & Financial Proposal will consist:

- i. Letter of Transmittal (*Form T-1*)
- ii. Details of the Firm along with Details of Partners (*Form T-2*),
- iii. Financial Bid (*Form F-1*).

Letter of Transmittal

To,
The Mission Director,
State Health Society,
Administration UT of Daman & Diu,
Community Health Centre,
Fort Area Moti Daman,
396220.

Dear Sir,

We, the undersigned, offer to provide the audit services for [State Health Society] in accordance with your Request for Proposal dated [Insert Date]. We are hereby submitting our Proposal, having details of about the firm and proposed audit fees.

We are submitting our Proposal in association with: [Insert a list with full name and address of each associated firm]

We hereby declare that all the information and statements made in this Proposal are true and accept that any misinterpretation contained in it may lead to our disqualification.

The fees quoted by us is valid till six months from the date of submission of the proposal. We confirm that this proposal will remain binding upon us and may be accepted by you at any time before the expiry date.

Prices have been arrived independently without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any competitor.

We agree to bear all costs incurred by us in connection with the preparation and submission of the proposal and to bear any further pre-contract costs.

We understand that State Health Society [Insert Name of the State] is not bound to accept the lowest or any proposal or to give any reason for award, or for the rejection of any proposal.

I confirm that I have authority of [Insert Name of the C.A. Firm] to submit the proposal and to negotiate on its behalf.

Yours faithfully,

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Form T-2**Particulars/Details of the Firm**

Sl. No.	PARTICULARS	Supporting Documents required to be submitted along with this Form
1	Name of the Firm	
2	Addresses of the Firm:	
	Head Office	Phone No: Fax No: Mobile No. of Head Office In-charge:
	Date of establishment of the firm	
	Date since when is H.O. at the existing Station	
	Branch Office 1,2,3..... (Particulars of each branch to be given)	Phone No: Fax No: Mobile of each Branch Office In-charge:
	Mention the date of each branch offices since when existed at the existing place	
3	Firm Income Tax PAN No.	Attach copy of PAN card
4	Firm Service Tax Registration No.	Attach copy of Registration
5	Firm's Registration No. with ICAI	
6	Empanelment No. with C & A G	Attach proof of latest empanelment with C&AG for the year under Audit and confirming that the firm is eligible for major PSU audits.
7	No. of Years of Firm Existence & Date of establishment of Firm	Attach copy of Partnership Deed
8	Turnover of the Firm in last three years	Attach copy of balance sheet and P&L Account of the last three years or a C.A. Certificate give Break-up of Audit Fee and Other Fees Received.
9	Audit Experience of the Firm: 1. Number of Assignments in Commercial/Statutory Audit 2. Number of Assignments of Externally Aided Projects/ Social Sector Audits (Excluding audit of Charitable Institutions & NGOs) 3. Experience in the NRHM Audit	Copy of the Offer Letter & the Fee Charged. Copy of the Offer Letter & the Fee Charged (Relevant evidences to be given of the turnover and fee)
11	Details of Partners: Provide following details: <ul style="list-style-type: none"> • Number of Full Time Fellow Partners associated with the firm. • Name of each partner, • Date of becoming ACA and FCA • Date of joining the firm, • Membership No., • Qualification • Experience • Whether the partners is engaged full time or part time with the firm. • Their Contact Mobile No., email and full Address 	Attested copy of Certificate of ICAI as on 1.1.2013.

FORMAT FOR FINANCIAL BID

(Please provide the break-up of Firm's quoted fees for each work and unit)

Item or Activity	Total Amount (in Rupees)
AUDIT FEE (Exclusive of TA/DA, Service Tax and cess on Service tax)	Both in Numeric and in Words.
a. Professional Fees -----	Rs. _____/-
b. Expenses for TA/DA -----	(Rupees _____).
c. Service Tax -----	
d. Total Fees -----	
<u>Note:</u> Percentage of funds involved shall not be a basis of quoting the Audit Fee.	