



U.T. Administration of Daman & Diu  
**Rashtriya Madhyamik Shiksha Abhiyan**  
Directorate of Education  
Daman & Diu  
DAMAN

No.RMSA/D&D/Internal Audit/2016-17/36520

Date: 03.01.2017

**QUOTATION NOTICE**

Quotations are hereby invited from Registered Chartered Accountants for short listing for the engagement of Internal Audit of the books of accounts of Rashtriya Madhyamik Shiksha Abhiyan Implementation Society being implemented in the Union Territory of Daman & Diu for the financial year 2016-17 as per the enclosed Terms of Reference.

The last date for receipt of Quotation is 09/01/2017. Quotations received after the prescribed last date will not be entertained.

The Quotations (inclusive of all taxes) must be delivered by post (in a sealed envelope)/or by hand in the office of the State Project Director, RMSA, Directorate of Education, Daman. The Quotation must be addressed to:

The State Project Director,  
Rashtriya Madhyamik Shiksha Abhiyan,  
Directorate of Education  
Nr. Jetty,  
Nani Daman- 396210.

  
State Project Director/  
Director of Education  
Daman & Diu  
DAMAN

Copy To:

1. The All Head of Offices, Daman & Diu, Daman for wide publicity.
2. The Office-in-charge, NIC Daman with a request to put on website.



**RASHTRIYA MADHYAMIK SHIKSHA ABHIYAN**  
**TERMS OF REFERENCE FOR APPOINTMENT OF AN INTERNAL**  
**AUDITOR FOR THE ACCOUNTS OF RMSA OF .....STATE/ UT FOR**  
**THE YEAR ..... (FINANCIAL AUDIT)**

**BACKGROUND**

The ..... is a registered Society which is implementing the centrally sponsored Programme of RASHTRIYA MADHYAMIK SHIKSHA ABHIYAN (RMSA) to attain the goal of Universalization of Secondary Education in all the districts of ..... State for which funds are shared between the Government of India and State Government in the ratio of .....

**OBJECTIVES**

Internal Audit is a control that functions by examining and evaluating the adequacy and effectiveness of other controls throughout the organization. The objective of the current internal audit is to seek a professional opinion on the financial position of RMSA programme. The internal auditor should also ensure that funds received and expenditure incurred for the accounting period are in accordance with the laid down financial regulations, procurement procedures and other orders issued from time to time and that proper accounts are maintained at all levels.

**SCOPE**

Expenditure is incurred against various activities approved in the Annual Work Plan & Budget from funds released by the Government of India and the State Government covering the programme cost. A statement of expenditure based on actual amounts spent under various interventions is sent to Government of India. The internal auditor is required to exercise tests of accounting records, internal checks and control and other necessary internal audit of the accounts as per general principles. In conducting the Audit, specific attention should be given to the following:

- (a) The internal audit activities should include payment audit as well as independent appraisals of the financial, operational and control activities of the programme.
- (b) The responsibilities of the internal auditor should include reporting on the adequacy of internal controls, the accuracy and propriety of transactions, the extent to which assets are accounted for and safeguarded, and the level of compliance with RMSA financial norms as laid down in the Manual for Financial Management and Procurement and State Government procedures.
- (c) All funds have been used in accordance with the condition of the relevant financial norms and financial regulations with due attention to economy and efficiency, and only for the purpose for which the financing was provided.



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- (d) Generally accepted accounting principles are followed by all entities that are authorized to incur expenditure under RMSA.
  - (e) Goods, works and services financed have been procured in accordance with relevant provisions of the Procurement Procedure prescribed for the purpose. Proper documents, namely, purchase orders, tender documents, invoices, vouchers, receipts, pay bills, TA bills etc. are maintained and linked to the transactions and retained till the end of the Programme.
  - (f) All necessary supporting documents, records and accounts have been kept in respect of all programme expenditure including expenditure covered by Statement of Expenditure. Clear linkages should exist between the books of accounts and reports presented to the Government of India and the State Government.
  - (g) Expenditure incurred under RMSA is strictly in accordance with the financial norms prescribed in the RMSA framework and the Manual on Financial Management and Procurement or any other clarifications issued from time to time. The expenditure statements / financial statements included in the statement of expenditure of the relevant period represent a true and fair view or implementation and operations of the programme at the end of the financial year and of resources and expenditure for the year ended on that date.
  - (h) Expenditure is incurred with reference to the budget allocation approved by the PAB. In case the budget allocation is exceeded proper re-appropriation duly approved by the competent authority has been obtained.
  - (i) RMSA funds are used efficiently and economically to the purpose for which they are intended.
  - (j) Reconciliation of Bank Statements and accounts is regularly carried out on a monthly basis.

## **OUTPUTS THAT WILL BE REQUIRED OF THE INTERNAL AUDITOR**

Immediately on completion of the internal audit, the auditor should submit his report indicating the result of his review of the accounts. All discrepancies noticed in the financial accounts, procurement, bank reconciliation etc. should be included in the report.

## **GENERAL**

The auditor should be given access to all legal documents, books of accounts, procurement documents, correspondence, and any other information associated with the programme and deemed necessary by the auditor.

## **REVIEW**

A review committee consisting of SPD, head of the financial management group at the SPO and accounts officer of SPO will review the internal audit report submitted by the internal auditor and take further remedial measures on the discrepancies pointed out in internal audit



## Expression of Interest for short listing Chartered Accountant

## Firms for the audit of the accounts of RMSA

Status of 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 \_\_\_\_\_  
email 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 \_\_\_\_\_
4. Full-Time Partners / Sole Proprietor of the firm as on 1-1-20xx (Please fill up Annex A-1)

S. No.	Years of continuous association in 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		

5. Number of Part Time Partners if any, as on 1-1-20xx \_\_\_\_\_  
(Please fill up Annex A-2)



6. Number of Full Time Chartered Accountant Employees \_\_\_\_\_  
as on 01-01-20xx (Please fill up Annex A-3)
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 (Please fill up Annex-B) \_\_\_\_\_
9. Fees earned by the firm from April 2005 PSU / Companies in Banks  
 March 2010 in respect of: autonomous Private sector
- (i) Statutory / Branch Audit /  
 6 monthly Audit Review
- (ii) Internal / Concurrent Audit
- Total of (i) and (ii) above
10. Whether the firm is engaged in any internal / concurrent audit  
 or any other services of any Govt. Companies / Corporations etc. Yes / No  
 If yes, details may be given Annex 'C'.
11. Whether the firm is implementing quality control Policies and  
 procedures designed to ensure that all audits are conducted in Yes / No  
 accordance with Standard on quality control (SQC 1) and Standard on Auditing  
 (SA 220)  
 (If yes, a brief note on the procedure adopted is to be given)
12. Whether there are any court /arbitration / any other legal case again: Yes / No  
 the firm (If yes, give a brief note of the case indicating its present st.....,



### Undertaking

I/We the sole proprietor / following partners of M/s. \_\_\_\_\_, Chartered Accountant 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 has been suppression of material information, the firm would not only stand disqualified from 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 has not been debarred or cautioned by ICAI during the last three years, (if debarred, give details);
- (i) that individually we are not engaged in practice otherwise or in any other activity which would be deemed to be in practice under Section 2 (2) of the Chartered Accountants Act, 1949;
- (ii) that the constitution of the firm as on 1st January of the relevant year shown in the Expression of Interest is same as that in the constitution certificate issued by the ICAI.

Sl.No.	Name of the partner / sole proprietor	Membership Registration No.	PAN No	Dates of payment of the fees for the relevant year _____ A/B*	Signature of partner / sole proprietor

(Seal of the Firm)

**\*A**    *For membership*

**B**      *For issue of certificate of practice*



Place:

Date:

Enclosures: \_\_\_\_\_ pages

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For Office Use Only

Whether firm has done

Yes/No

(a) Statutory/Branch Audit

(b) Internal/Concurrent Audit

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Checked by

Verified by

Date updated by



1. Firm's name \_\_\_\_\_

Details of Full Time Partners / Sole Proprietor of the firm (Please refer to Sl.No. 5 of the Expression of Interest format)

S.N o.	Name of the Partner / sole proprietor	Memb er- ship No.	Whet her FCA / ACA	Date of Joinin g the firm (full time)	Date of beco ming FCA	Station & Region where residing at present	Whether acknowle d-gement of Income Tax Return for the relevant year  _____ _attached Yes / No	Whether has ISA (Information systems Audit / CISA or any other equivalent qualification (specify the qualification)*

\*If yes, please attach a copy of the certificate



Details of Part-Time Partners of the firm (Please refer to Sl.No. 6 of the Expression of Interest format)

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Name of partners	Membership No.	Whether FCA / ACA	Date of becoming FCA	Date of Joining partnership	No. of other firm in which he is partner	Whether practicing in his own name also (Y/N)	Whether employed elsewhere (Y/N)	Whether has ISA (Information systems Audit / CISA or any other equivalent qualification (specify the qualification)*)

\*If yes, please attach a copy of the certificate.



Details of full time Chartered Accountant Employees (Please refer to Sl. No. 7 of the Expression of Interest format)

S. No.	Name	Membership No.	Whether FCA / ACA	Date of joining the firm as full time employee	Whether has ISA (Information systems Audit / CISA or any other equivalent qualification* (specify the qualification)	Signature of the employee

\*If yes, please attach a copy of the certificate

Details of partners and full time Chartered Accountant Employees of the firm included this year in Annex A-1, A-2 & A-3 above.

S.No.	Name	Membership No.	Whether Full Time Partner / Part Time Partner / Full Time CA Employee

\*If yes, please attach a copy of the certificate



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Particulars of Branches (including foreign branches, if any)

S. No.	Station at which located	Complete address with PIN Code & Telephone No.	Name of the partner in-charge of the branch	Date of opening of the branch	Region	Whether included in last year application (Yes / No)

Details of internal audit work / any other accounting work of Public Sector Undertaking in hand with the firm (please refer to Sl. No. 11 of the Expression of Interest format)

S. No.	Name of the PSU/Unit	Nature of assignment	Year for which appointed