



Administration of U.T. of Daman & Diu
National Rural Health Mission
State Health Society
UT of Daman & Diu
EXPRESSION OF INTEREST (EOI)

**HIRING SERVICES OF CHARTERED ACCOUNTANT FIRMS FOR
CONCURRENT AUDIT OF STATE HEALTH SOCIETY, U.T. DAMAN & DIU AND
DISTRICT HEALTH SOCIETY, DAMAN (FOR THE FINANCIAL YEAR 2011-12)
UNDER NATIONAL RURAL HEALTH MISSION (NRHM)**

The, NRHM, State Health Society, U.T. of Daman & Diu, invites Expression of Interest (EOI) from firms of Chartered Accountants empanelled with C & AG and which meet the condition in the eligibility criteria listed below, for carrying out the concurrent audit of SHS, UT of Daman & Diu & DHS, Daman for the financial year 2011-12 as per the Terms of Reference provided by GOI.

Eligibility Criteria: the firm must (a) be empanelled with C & AG and ICAI; (b) have at least 1 (one) full time partners who are fellow members of the ICAI for a period not less than 3 years (as per) certificate of ICAI as on 1.1.2011; (c) have an average turnover of ₹ 15 lacs p.a. in the last 3 years; (d) have carried out at least 10 Statutory Audit of corporate entities having a turnover of ₹ 10 crores other than Bank Branch Audit and (e) have at least 4 audit assignment in the Social Sector (excluding audit of Charitable Institutions & NGOs) / Externally Aided Projects.

Reporting:-

- a) Monthly FMR in GOI Format along with Statement of Expenditure in prescribed format and statement of Fund Position at the end of the month with Bank Reconciliation Statement cover in all Health Institution under the State Health Society within 7 days of the Month.
- b) Monthly Income & Expenditure Account, Receipt & Payment Account, Balance Sheet in GOI Format along with Management Letter and Audit Report on accounts within 7 days of the following months.
- c) Action Taken Report on last Audit Report along with Account.

Submission of Expression of Interest (EOI):

The eligible Chartered Accountants firm can be a downloaded format for Technical bid (Appendix-V.A) and Financial Bid from the website www.daman.nic.in and submit their Expression of Interest (EOI) by post or courier to the O/o Mission Director (NRHM), State Health Society, Community Health Centre, Moti Daman – 396220 on two cover on or before 25th August 2011 up to 03:00 pm hrs. (Cover-I) should contain all the technical information accordingly to eligibility criteria and submit in Appendix-V.A and (Cover II) should contain Financial Bid. The rates should be quoted including TA/DA etc for monthly basis including all Programmes of NRHM i.e. RCH, NRHM, NLEP, NPCB, IDSP, RNRCP, and NVBDCP. Both the covers should be inserted in another sealed envelope. The following information should be written on the envelope.

- 1) Expression of Interest (EOI) for Concurrent Audit of State Health Society, UT of Daman & Diu and District Health Society, (Daman)
- 2) Address of CA Firm including contact No. of the Firm.

The State Health Society, U.T. of Daman & Diu reserve the right to accept or reject any Expression of Interest (EOI) without assigning any reason therefore the decision of the committee will be final and binding to all.

Important Dates:

Last date for collection of RFP from Office of SHS: 25/08/2011 up to 1:00 PM

Last date for submission of Proposal to SHS: 25/08/2011 up to 3:00 PM

Mission Director

SHS, U.T. of Daman & Diu.

Email id: md-dd-nrhm@nic.in

FAX: 0260-2230570 & Phone:-0260-2230470

**Expression of Interest for short listing Chartered Accountant
Firms for the audit of the accounts of State Health Society on a Monthly/Quarterly Basis**

- 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 _____
 4. Full-time Partners/Sole Proprietor of the firm as on 1st January 2011 _____

- | Sr. No. | Year 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 | | |

Note: Please attach the copy of Firm's Constitution Certificate issued by ICAI as on 01.01. 2011

5. Number of Part time Partners if any, as on 1st January,
6. Number of Full time Chartered Accountant as on 1st January,
7. Number of audit staff employed full-time with the firm
 (a) Articles/Audit Clerks _____
8. (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 _____
 places & locations):
9. whether the firm is engaged in any internal
 or External audit or any other services providing _____ Yes/No
 to any Govt. Company/Corporation
 or co-operative institution etc.
 If 'yes', details may be given on a separate sheet.
10. Whether the firm is implementing quality control _____ Yes/No
 Policies and procedures designed to ensure that
 all audit are conducted in accordance with
11. Whether there are any court/arbitration/any _____ Yes/No
 other legal case against the firm
 (If yes, give a brief note of the case indicating its present status)

UNDERTAKING

I/We do hereby declare that the above mentioned information are true & correct and I
 /We also undertake to abide 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 Society.

Date:

Place:

Signature of Proprietor/Solo Partner

FORMAT FOR FINANCIAL BID

Item of Activity	Total Amount (in Rupees)
MONTHLY AUDIT FEE (Including of TA/DA, Services Tax and cess on Services tax)	Both in Numeric and in Words. ₹ _____/-
Note: - Percentage of funds involved shall not be a basis of quoting the Audit fee.	(Rupees _____).

Signature of Proprietor/Sole Partner