<u>Call for Expressions of Interest</u> <u>Chartered Accountant firms</u>

Expression of Interest (EoI) are invited from CAG empanelled Chartered Accountant firms to conduct

- [1] The Statutory Audit of Daman & Diu State AIDS Control Society, Daman
- [2] The Internal Audit of NGOs & Peripheral units under Daman & Diu State AIDS Control Society for a financial year 2013-14, engagement initially for one year and extended on annual basis for a maximum 3 years.

Note : Please quote [1] & [2] in separate cover with mark [1] & [2].

Sumission of forms upto : 31st July' 2013

EoI(s) sent by TELEFAX/EMAIL will not be entertained.

For forms and more information please see web site : www.daman.nic.in

No. SACS/DD/104/Part-III/2013-14/5% Dated : 12 July, 2013

Project Director 121713Daman & Diu State AIDS Control Society, 2^{nd} Floor, CHC Campus, Fort Area, Moti Daman - 396 220



EXPRESSION OF INTEREST FOR SHORT LISTING CHARTERED ACCOUNTANT FIRMS FOR THE STATUTORY AUDIT OF THE ACCOUNTANTS OF DAMAN AND DIU STATE AUDS CONTROL SOCIETY

Stat	us 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. & E mail Address)	
	Telephone No.	
	Email	
	(c) PAN of the Firm	
2.	ICAI Registration No.	
	Region Name	
	Region Code	
3.	Empanelment number with C&AG	
4.	(a) Date of constitution of firm	
	(b) Date since when the firm has a full time FCA	
5.	Full Time Partner / Sole Proprietor of the firm on 1 st January, 2013.	

PART – A

Sr. No.	Continuous association with the firm	Number of FCA	Number of ACA
(a)	Less than one year		
(b)	1 year of 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 01.01.2013.

6	Number of part time partners if any, as on 1 st January, 2013	
7.	Number of Full time Chartered Accountant as on 1 st January, 2013	
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 SI. No. 5 to 8

9.	Number of Bran mention places a	nches if any, (Please		
10.	Whether the firm any internal or of providing any of	m is engaged in external audit or ther services to any / Corporation / astitution etc.		
11.	Whether the firm quality control p procedures desi all audits are co accordance with Standard Auditi	gned to ensure that nducted in Statements on ng Practices. te on the procedure		
12.	Are there any C legal cases again	ourt / arbitration / nst the firm. rief note of the cases		
13.		he firm for last 5		
	Type of Audit	PSU / Autonomous Body	Companies in Private Sector	Bank
Audi	tory / Branch t / 60monthly review			
Inter Audi	nal / Concurrent t			
Total	of the above			

* The statutory Auditor is also required to audit the accounts of STRC for the funds released by SACS as well as by NACO

PART – B

I/We the sole proprietor / partners of M/s. ______ Chartered Accountants do hereby jointly and severely 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 regulation 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 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.

SI. No.	Name of the Partner / Sole proprietor	Membership registration number	PAN No.	Dates of Payment of fees for the year A/B.	Partner /

* 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)

Sr. No.	Criteria	Remarks	Max. Marks	Marks Obtained
1.	No of Partners FCA / ACA		10	obtailled
2.	Year of Experience Partner A + Partner B + Partner C + Partner D +		10	
3.	Years of Partners association with the firm Partner A + Partner B + Partner C + Partner D +		10	
4.	No. of Staff	11.22 CO. 970		
	(i) Qualified		10	
	(ii) Semi Qualified		5	
	(iii) Others		5	
5.	Nature of experience (Giving turnover ./ project cost / year of experience of the entities / project 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 three years		10	
	TOTAL	Service and	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 Constitutions as on 1st January, 2013 issued by ICAI and their Latest Income Tax Return duly acknowledge by IT Department. Firms not able to provide these two documents will 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 totaled and the Audit work will be awarded to the firm obtaining maximum marks.

Name of the Member

Signature with Date :

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

PART - A

1	1/11/	
1.	(a) Name of the Firm	
	(In Capital letters)	
	(b) Address of the Head Office	
	(Please also give Telephone No. & E mail Address)	
	Telephone No.	
	Email	
-	(c) PAN of the Firm	
2.	ICAI Registration No.	
	Region Name	
	Region Code	
3.	Empanelment number with C&AG	
4.	(a) Date of constitution of firm	
	(b) Date since when the firm has a	
	full time FCA	
5.	Full Time Partner / Sole Proprietor	
100	of the firm on 1 st January, 2013.	

Sr. No.	Continuous association with the firm	Number of FCA	Number of ACA
(a)	Less than one year		
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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 SI. No. 5 to 8

9.	Number of Bran mention places an	nches if any, (Please		
10.	Whether the firm any internal or e	n is engaged in external audit or ther services to any / Corporation / estitution etc.		
11.	quality control p procedures desig	gned to ensure that		
	all audits are con accordance with			
	Standard Auditin	ng Practices. e on the procedure		
12.	Are there any Co legal cases again	ourt / arbitration / ist the firm. ief note of the cases		3
13.	Fees earned by t years	he firm for last 5		
-	Type of Audit	PSU / Autonomous Body	Companies in Private Sector	Bank
Audi	tory / Branch t / 60monthly review			
nteri Audit	nal / Concurrent			
Fotal	of the above			

PART – B

I/We the sole proprietor / partners of M/s. ______ Chartered Accountants do hereby jointly and severely 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 regulation framed thereunder;
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SI. No.	Name of the Partner / Sole proprietor	Membership registration number	PAN No.	Payment of	Signature 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

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2.	Year of Experience Partner A + Partner B + Partner C + Partner D +		10	
3.	Years of Partners association with the firm Partner A + Partner B + Partner C + Partner D +		10	
4.	No. of Staff			
	(i) Qualified		10	
	(ii) Semi Qualified		5	100 P
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	(i) health Sector Audit	Contraction of the	20	
	(ii) Govt. Social Sector	n mball is shirt	5	
	(iii) Other Social Sector		5	and the second s
6.	No. of Branches		10	
7.	Total turnover of the firm in last 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 Constitutions as on 1st January, 2013 issued by ICAI and their Latest Income Tax Return duly acknowledge by IT Department. Firms not able to provide these two documents will be considered.
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Name of the Member

Signature with Date :