

**CALL FOR EXPRESSIONS OF INTEREST: CHARTERED ACCOUNTANT FIRMS
FOR THE STATUTORY AUDIT OF THE ANDAMAN AND NICOBAR AIDS
CONTROL SOCIETY**

1. The A & N State AIDS Control Societies (SACS) are responsible for implementing the National AIDS Control Programme (NACP) Phase III in the States. 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. SACS is a registered organisation under the control of the State Government and it the nodal organisation for all the HIV/AIDS prevention and control work that is taken up in the state. SACS releases fund to peripheral organizations like NGOs and hospitals under the Government sector. Hence it is essential to assess as to conduct a statutory audit under the provision of the Societies Registration Act, 1860 as applicable in the State.

2. Expressions of Interest are invited from CAG empanelled Chartered Accountant firms to conduct the statutory audit of the SACS/MACS for a financial year.

Eligibility & Assessment Criteria;

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

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 NACO web-site: <http://www.nacoonline.org/>. 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, Andaman & Nicobar SACS, GB Pant Hospital Complex, Port Blair, Andaman & Nicobar Islands to arrive no later than 12 noon on **18th May 2010**. **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 the following email id:

andamansacs@gmail.com

or Tel No.: _03192-230140. The

contact person is: Shri. Deepak Behari Lall, A.D. (Fin.)

**EXPRESSION OF INTEREST FOR SHORT LISTING CHARTERED ACCOUNTANT FIRMS FOR THE
AUDIT OF THE ACCOUNTS OF ANDAMAN AND NICOBAR SACS**

PART_A

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. 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 Partners/Sole Proprietor of the firm as on 1st January, _____
- 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. 2010 .

6. Number of Part time Partners if any, as on 1st January, _____
7. Number of Full time Chartered Accountant as on 1st January, _____
8. 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) _____
(list to be attached for Sl. No. 5 to 8)
9. Number of Branches if any (please mention _____
places & 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. Yes/No

If 'yes', details may be given on a separate sheet.

11. Whether the firm is implementing quality control

Policies and procedures designed to ensure Yes/No
that all audit are conducted in accordance with
Statements on Standard Auditing Practices.

(If yes, a brief note on the procedure adopted is to be enclosed)

12. Are there are any court/arbitration/ Yes/No

legal cases against the firm

(If yes, give a brief note of the cases indicating its present status)

13. Fees earned by the firm for the last 5 years

Type of audit	PSU/Autonomous Companies in Banks Body	Companies in private sector	Banks
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 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 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;
- (iii) 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