

**Expression of Interest for short listing Chartered Accountant Firms for the monthly concurrent Audit of the State Health and Family Welfare Society & District Health and Family Welfare Societies**

**Financial Bid**

- a. I we are agreeable to concurrent monthly audit of the **District Health and Family Welfare Society** , ( **name of the district** ) at a fees of Rs.....per month, which is inclusive of cost of travel.
- b. I understand that TDS will be deducted at source.
- c. I understand that service tax at applicable rates. Will be extra
- d. Other financial terms are:
  - a.
  - b.
  - c.
  - d.

Date :

Place:

Signature of Proprietor/Sole Partner

## Concurrent Audit Technical Bid Analysing 2022-23

### Marks Criteria

1. Date of Constitution of the firm:

- i. After 1<sup>st</sup> Jan 2019 -----1 Marks
- ii. After 1<sup>st</sup> Jan 2018 -----2 Marks
- iii. After 1<sup>st</sup> Jan 2017 -----4 Marks
- iv. After 1<sup>st</sup> Jan 2016 -----6 Marks
- v. After 1<sup>st</sup> Jan 2015 -----8 Marks
- vi. After 1<sup>st</sup> Jan 2014 -----10 Marks
- vii. After 1<sup>st</sup> Jan 2013 -----15 Marks

2. Staff Details

Sl.No.	Year of continuous association with the firm	No. of FCA	No. of ACA
1	Less than 1 year	Each number 1 mark	Each number 1 mark
2	1 year or more but less than 5 years	Each number 2 mark	Each number 2 mark
3	5 year or more but less than 10 years	Each number 3 mark	Each number 3 mark
4	10 year or more but less than 15 years	Each number 4 mark	Each number 4 mark
5	15 years or more	Each number 5 mark	Each number 5 mark

3. Number of full time Chartered Accountant/Cost Accountant - Each 5 marks

4. Audit staffs

Sl.No.	Year of Continuous association with the firm	No. of FCA
1	Articles/Audit Clerks	Each number 2 mark
2	Other Audit staff (with knowledge of keeping and accountancy)	Each number 1 mark
3	Other professional staff (please specify)	Each number 1 mark

5. Number of branches - Each 2 Marks

6. Whether the firm has conducted statutory/internal audit in institution/societies under Kerala Health Services Department and if so provide complete details (attach separate sheet if space is insufficient)

- i. Less than 1 year - 5 Marks
- ii. 1 year to 2 years experience - 10 Marks
- iii. 2 years to 3 years experience -15 Marks
- iv. 3 years to 5 years experience -20 Marks
- v. More than 5 years experience -25 Marks

7. Quality control - 2 Marks to 10 Marks

**Expression of Interest for Short listing Chartered Accountant Firms for the  
Monthly concurrent Audit of the Accounts of the District Health and Family  
Welfare Societies**

**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 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<sup>st</sup> April 2019

SI No	Years of continuous association with the Firm	Number of FCA	Number of ACA
1	Less Than 1 year		
2	1 year or More but less than Five years		
3	Five year or More but less than Ten years		
4	Ten year or More but less than Fifteen years		
5	Fifteen years or more		

(Please attach the copy of Firm's Constitution Certificate Issued by ICAI)

5. Number of part time partners if any, as on 1<sup>st</sup> April 2019

6. Number of Full time Chartered Accountant as on 1<sup>st</sup> April 2019

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 if any (Please mention \_\_\_\_\_  
Places & locations)
9. Whether the firm has conducted statutory / internal audit in institutions/societies under Kerala Health Services Department and if so provide complete details (attach separate sheet if space is insufficient)
10. Whether the firm is implementing quality control Yes/No  
Policies and procedures designed to ensure  
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)
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 percent status)

### **Undertaking**

I/We do hereby declare that the above mentioned informations are true & correct and I/We also undertake to abide by the terms & condition of the contract and would make compliance of terms laid-down in the contract if executed by us with the District Health and Family Welfare Society.

Date:

Place:

**Signature of Proprietor/Sole Partner**