

To be fill up by the firm

**Expression of Interest for short listing Chartered Accountant
Firms for the audit of the accounts of JJM/SBM(G)**

Status of Firm Partnership

Sole Proprietor

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 1-1- 2023
(Please fill up Annex A-1)

Sl.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 1-1-2023

(Please fill up Annex A-2)

6. Number of Full Time Chartered Accountant Employees

As on 01-01- 2023 (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 2021 to March 2022 in respect of:

	PSU/autonomous Body	Companies in Private Sector	Banks
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. If yes, details may be given Annex 'C'. Yes/No

11. Whether the firm is implementing quality control Policies and Procedures designed to ensure that all audits are conducted in Accordance with Statements on Standard Auditing Practices (SAP 17) Yes/No

12. Whether there are any court/arbitration/any other legal case against the firm (If yes, give a brief note of the case indicating its present status) Yes/No

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SECTION-8
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 from 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 there under;
- ii. That the firm, proprietor or partners has not been debarred or cautioned by ICAI during the last three years, (if debarred, give details);
- iii. 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;
- iv. 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

For Office Use Only

Whether firm has done

(a) Statutory/Branch Audit

Yes/ No

(b) Internal/ Concurrent Audit

Checked by

Verified by

Date updated by

1. Firm's name _____

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

Sl.No	Name of the Partner/ Sole Proprietor	Membership No.	Whether FCA / ACA	Date of joining the firm (full time)	Date of becoming FCA	Station & Region where residing at present	Whether acknowledgement 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

(Annex A-2)

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

Name of the Partner	Membership No.	Whether FCA / ACA	Date of becoming FCA	Date of Joining partners hip	No. of other firm in which he is partner	Whether practicing in his own name also	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.

(Annex A-3)

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

Sl.No	Name	Membership No.	Whether FCA/ACA	Date of joining the	Whether has ISA (information systems Audit/ CISA or any	Signature of the employee

				firm as full time employee	other equivalent qualification * (specify the qualification)	

* If yes, please attach a copy of the certificate

(Annex A-4)

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

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

*If yes, please attach a copy of the certificate

(Annex B)

Particulars of Branches (including foreign branches, if any)

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

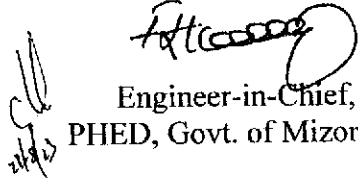
(Annex C)

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

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

Expression of Interest

Expression of interest is invited from C.A firms {Partnership/Sole Proprietorship firms with one full time FCA) in the prescribed format for short listing for the engagement of audit of the accounts of Jal Jeevan Mission and Swachh Bharat Mission - Gram in Programme being implemented in the State of Mizoram. Detailed can be obtained from this office website <http://phed.mizoram.gov.in> Last date for submission of the application is **31st August 2023** (13:00 hours)


Engineer-in-Chief,
PHED, Govt. of Mizoram.