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

To be fill up by the firm

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ICAI Registration No. \_\_\_\_ Region Name \_\_\_\_\_\_\_\_Region Code No. \_\_\_\_\_\_
2. (a) Date of constitution of the firm:

(b) Date since when the firms has a full time FCA

1. Full-Time Partners/Sole Proprietor of the firm as on 1-1-2024 (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 |  |  |

1. Number of Part Time Partners if any, as on 1-1-2024 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please fill up Annex A-2)

1. Number of Full Time Chartered Accountant Employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As on 01-01-2024 (Please fill up Annex A-3)

1. Number of audit staff employed full-time with the firm
2. Articles/Audit Clerks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Other Audit Staff (with knowledge of book

Keeping and accountancy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other Professional Staff (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of Branches (Please fill up Annex-B) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Fees earned by the firm from April 2022 to

|  |  |  |
| --- | --- | --- |
| PSU/ autonomous Body | Companies in Private Sector | Banks |
|  |  |  |
|  |  |  |
|  |  |  |

March 2023 in respect of:

1. Statutory/Branch Audit/6 monthly Audit Review
2. Internal/Concurrent Audit

Total of (i) and (ii) above

1. Whether the firm is engaged in any internal/concurrent audit

or any other services of any Govt. Companies/Corporations etc. Yes/No

If yes, details may be given Annex ‘C’.

1. Whether the firm is implementing quality control Policies and

Procedures designed to ensure that all audits are conducted in Yes/No

Accordance with Statements on Standard Auditing Practices (SAP 17)

1. 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

**SECTION-8**

**Undertaking**

To be fill up by the firm

I/We the sole proprietor/following partners of M/s. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chartered Accountant do hereby jointly and severely verify and declare-

1. 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:
2. That the firm, proprietor or partners has not been debarred or cautioned by ICAI during the last three years, (if debarred, give details);
3. 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;
4. 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

1. Statutory/Branch Audit Yes/No
2. Internal/Concurrent Audit \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checked by Verified by Date updated by

1. Firm’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Full Time Partners/Sole Proprietor of the firm (Please refer to Sl.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 Sl.No. 6 of the Expression of Interest format)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Partners | Membership No. | Whether FCA/ACA | Date of becoming FCA | Date of Joining partnership | 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 Sl.No. 7 of the Expression of Interest format)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl No. | Name | Membership  No. | Whether FCA/ACA | Date of joining the firm as full time employee | Whether has ISA (information systems Audit/CISA or any other equivalent qualification \* (specify the qualification) | Signature of the employee |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\*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.

|  |  |  |  |
| --- | --- | --- | --- |
| Sl 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)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl 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 Sl. No. 11 of the Expression of Interest format)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl No.** | **Name of the PSU/Unit** | **Nature of assignment** | **Year for which appointed** |
|  |  |  |  |
|  |  |  |  |