

To be filled up by the

**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 1-1-2020 (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 1-1-2020 \_\_\_\_\_  
(Please fill up Annex A-2)

6. Number of Full Time Chartered Accountant Employees \_\_\_\_\_  
As on 01-01-2020 (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 2018 to March 2019 in respect of:

i. Statutory/Branch Audit/6 monthly Audit Review

ii. Internal/Concurrent Audit

Total of (i) and (ii) above

PSU/autonomousBody	Companies inPrivate Sector	Banks

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

To be fill up by the firm

## SECTION-B 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 1<sup>st</sup> 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

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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 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 acknowledgment 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

## **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 - Gramin 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 7<sup>th</sup> August 2020 (13:00 hours)

Sd/-  
Engineer-in-Chief,  
**PHED, Govt. of Mizoram.**