



EXPRESSION OF INTEREST FROM Chartered Accountants

NORTHERN INDIA REGIONAL COUNCIL OF THE INSTITUTE OF COMPANY SECRETARIES OF INDIA

4, PARSAD NAGAR INSTITUTIONAL AREA, NEW DELHI-110005

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Northern India Regional Council of The Institute of Company Secretaries of India (NIRC - ICSI), a premier professional body under Ministry of Corporate Affairs invites **Expression of Interest (EOI) from Delhi based reputed CA firms for appointment of Statutory Auditors for NIRC of ICSI for the year 2016-17** and further extendable for another four years on yearly renewable basis based on performance. The fee payable for the services rendered for the financial year 2016-17 shall be as decided and for the subsequent years may be enhanced based on work volume and performance.

The scope of work, Eligibility criteria and Application form are available at www.icsi.edu/nirc.

The last date of submission of application is 15th June, 2016

Chairman

(NIRC)



Scope of Work

The auditor shall make a report to the NIRC or Members on accounts examined by him on every financial statements of NIRC and consolidation of audit report of NIRC and its chapters.

The auditor report shall also state:

- (a) Whether he has sought and obtained all the necessary information and explanations,
- (b) Whether proper books of account have been kept,
- (c) Whether Regional council/ chapter's balance sheet and profit and loss account are in agreement with books of accounts and returns,

(Refer to ICSI Guideline or The company Secretaries Act, 1980 or The company Secretaries Regulations, 1982)

Mode of Payment the Audit fees shall be released on annual basis subject to completion of audit, submission of periodic Audit report and a certificate to this effect by the Competent Authority.

General Terms and conditions (i) Resolution of dispute: The Competent Authority reserves the right to cancel any or all the bids without assigning any reason. The decision of NIRC shall be final in case of any disputes. (ii) Black listing on breach of confidentiality: The firm shall not be allowed to transfer, assign, pledge or sub-contract its rights and liabilities under this assignment to any other agency without the prior written consent of NIRC and shall maintain safe custody of the records and vouchers provided during the term of engagement, failing which the firm shall be liable to be blacklisted.

Integrity: Each of the Audit staff so deployed must maintain highest standards of integrity and ethics.

Eligibility criteria

Relevant papers in support of fulfilling Minimum Eligibility criteria should be enclosed

<i>Sl.No.</i>	<i>Requirement</i>	<i>Minimum Requirement</i>
<i>1</i>	<i>No. of Years of experience of the firm for internal Auditing in Statutory body or Govt. or others</i>	<i>10 Years (Proof to be enclosed)</i>
<i>2</i>	<i>No. of qualified CA in full time appointment including partners</i>	<i>One or more</i>
<i>3</i>	<i>Minimum Receipt or annual Turnover of the applicant in previous year.</i>	<i>Rs. 25 Lac and more (Audit report including relevant extract of P&L to be enclosed)</i>
<i>4</i>	<i>Experience of Statutory Audit in last Three Year</i>	<i>At least five entities (Proof of appointment letter enclosed)</i>
<i>5</i>	<i>Empanelment in CAG for 2016-17</i>	<i>Not essential but If any (Please enclosed Certificate)</i>

**Note statutory Auditor are to be appointed out of practicing Chartered Accountants with a condition that the individual or partner of the firm should not be an office- Bearer of The Central council /Regional council/chapter of ICSI.*

Application form

SI. No	Particulars		
1	Name of the firm		
2	Address of the Registered/Head Office		
3	Telephone no. and E-mail address		
4	ICAI Registration No. with Region Name and Code No.		
5	Date of constitution of the firm		
6	PAN No. of the firm		
7	Date since when the firm has a full time FCA		
8	Number of Full-Time Partners as on 30-4-2016 (Details to be provided in " Annex-A ")		
9	Number of Part time Partners if any, as on 30-4-2016		
10	Number of Full Time Chartered Accountant Employees as on 30-4-2016		
11	Number of Branches (Details to be provided in " Annex-B ")		
12	Whether the firm is engaged in any Statutory/Internal/Concurrent Audit and other accounting work of any Govt. Companies/Autonomous body, and Academic Institutions etc. (If yes, details may be given " Annex-C ").		
13	Turnover of the Firm (last 3 years)		

(On Firms Letter Head)

Annex-A

S.no.	Name of the Partner	Membership No.	Whether FCA / ACA	Date of joining the firm (full time)	Station & Region where residing at present

(Signature of Authorized Person with Seal of the Firm)

Place:

Date:

(On Firms Letter Head)

Annex - B

Particulars of Branches (including foreign branches, if any)

S.no.	Station at which located	Complete address with PIN Code & Telephone No.	Name of the partner in charge of the branch	Date of opening of the branch	Region

(Signature of Authorized Person with Seal of the Firm)

Place:

Date:

(On Firms Letter Head)

Annex- C

Details of Statutory/Internal Audit Work / Any Other Accounting Work of Govt./Listed Companies, Autonomous body, Academic Institutions, etc. in hand with the firm/undertaken in the last five year as on 30-4-2016.

Name of Client	Type of Audits (Tick appropriate Box)		
	Statutory	Tax	Internal/other
Academic Institutions			
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operative Societies			
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companies			
• PSU			
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Others			
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Companies			
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autonomous bodies			
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Signature of Authorized Person with Seal of the Firm)

Place:

Date:

(On Firms Letter Head)

Undertaking

I/We the following partners of M/s. _____, Chartered Accountants 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 form 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, or partners has not been debarred or cautioned by ICAI during the last five 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 Accountant Act, 1949;
- (iv) that the constitution of the firm as on 1st April of the relevant year shown is same as that in the constitution certificate issued by the ICAI.

Sl. No.	Name of the Partner	Membership Registration No.	PAN No.	Signature of partner

(Signature of Authorized Person with Seal of the Firm)

Place:

Date: