

**Call for Expressions of Interest: Chartered Accountant Firms for  
The Statutory Audit of KERALA STATE AIDS CONTROL SOCIETIES**

**1 . The State AIDS Control Societies (SACS) are responsible for implementing the National AIDS Control Programme (NACP) Phase III in the States.** The Government of India has received a Credit (Credit-4299-IN) from the funds pooled by the International Development Association and DFID in various currencies towards the cost of Third National HIV/AIDS Control Project and it is intended that part of the proceeds of this credit will be applied to eligible payments under the contracts for which this invitation for Bids is issued. SACS is a registered organisation under the control of the State Government and it is the nodal organisation for all the HIV/AIDS prevention and control work that is taken up in the state. SACS releases fund to peripheral organisations like NGOs and hospitals under the Government sector. Hence it is essential to assess as to conduct a statutory audit and internal audit under the provision of the societies Registration Act, 1860 as applicable in the State.

2. Expressions of Interest are invited from CAG empanelled Chartered Accountant firms to conduct the statutory audit of the SACS/MACS for a financial year.

**Eligibility & Assessment Criteria;**

The EoI and capability will be assessed against evidence of skills and experience in providing accountancy services in the State.

**Requirements**

The EoI should be sent along with a Capability Statement including a profile of the organization and relevant technical and geographical coverage along with the financial turnover for the last 3 financial years. Individual CVs are not required at this stage. Any EoI with inadequate information, those which do not meet the above criteria, or those received after the closing date will not be short listed. EoI should be as concise and focused as possible to give evidence of the above requirements including the capability statement and organisation profiles. Only organizations, which pass the pre-selection process, will be contacted and invited to submit detailed proposals.

**For Further Information**

For further information on NACP, interested bidders are requested to Visit [www.ksacs.in](http://www.ksacs.in) and [www.nacoonline.org](http://www.nacoonline.org) :

## Annexure – IX (b)

**Expression of Interest for short listing Chartered Accountant  
Firms for the audit of the accounts of State SACS /Dist.  
Units/peripheral institutions**

## PART\_A

**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 e-mail address) \_\_\_\_\_  
 (c) PAN No. of the firm \_\_\_\_\_
2. ICAI Registration No. \_\_\_\_\_      Region Name \_\_\_\_\_  
 Region Code No. \_\_\_\_\_
3. Empanelment number with C&AG;-
4. (a) Date of constitution of the firm:  
 (b) Date since when the firm has a full time FCA
5. Full-time Partners/Sole Proprietor of the firm as on 1<sup>st</sup> January, \_\_\_\_\_

S. No.	Continuous association with 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		

Note: Please attach the copy of Firm's Constitution Certificate issued by ICAI as on 1.1. 200 .

6. Number of Part time Partners if any, as on 1<sup>st</sup> January, \_\_\_\_\_
7. Number of Full time Chartered Accountant as on 1<sup>st</sup> January, \_\_\_\_\_
8. 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) \_\_\_\_\_  
(list to be attached for Sl. No. 5 to 8)
9. Number of Branches if any (please mention places & locations) \_\_\_\_\_
10. Whether the firm is engaged in any internal or external audit or providing any other services to any Govt. Company/Corporation or co-operative institution etc. Yes/No  
If 'yes', details may be given on a separate sheet.
11. Whether the firm is implementing quality control Policies and procedures designed to ensure that all audit are conducted in accordance with Statements on Standard Auditing Practices. Yes/No  
(If yes, a brief note on the procedure adopted is to be enclosed)
12. Are there are any court/arbitration/ legal cases against the firm Yes/No  
(If yes, give a brief note of the cases indicating its present status)
13. Fees earned by the firm for the last 5 years

Type of audit	PSU/Autonomous body	Companies in private sector	Banks
Statutory/Branch Audit/ 6-monthly audit review			
Internal/Concurrent Audit			
Total of the above			



## PART - B

### Undertaking

I/We the sole proprietor/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 had been suppression of material information , the firm would not only stand disqualified from the allotment, but would be liable for disciplinary action under the Chartered Accountants Act, 1949 and the regulations framed thereunder;
- (ii) that the firm proprietor or partners have not been debarred or cautioned by ICAI during the last five years ( if cautioned give details);
- (iii) that individually we are not engaged in practice otherwise or in any other activity which would be deemed to be a 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 the same as that in the Constitution Certificate issued by the ICAI.

Sl. No.	Name of the Partner/Sole Proprietor	Membership registration number	PAN No.	Dates of payment of fees for the relevant year ____ A/B*	Signature of Partner/sole proprietor

\*A for membership

B for issue of Certificate of practice

(seal of the firm)

Place

Date

Encl \_\_\_\_\_ pages

**Signature of Proprietor/Sole Partner**