

**Expression of Interest for the Statutory Audit assignment of
Sarv Shiksha Abhiyaan Authority Punjab for the
financial year 2013-14**

Status of 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. (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 1-1-2013 (Please fill up Annex A-1)

S.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 1-1-2013 _____
(Please fill up Annex A-2)
6. Number of Full Time Chartered Accountant Employees _____
as on 1-1-2013 (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.. 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
10. 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

(If yes, a brief note on the procedure adopted is to be given)
11. Whether there are any court /arbitration / any other legal case against

YES/NO

the firm (If yes, give a brief note of the case indicating its present status)

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 completely 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 Accountant 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.

Sr.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

Whether firm has done

- (a) Statutory/Branch Audit
(b) Internal/Concurrent Audit

Yes/No

Checked by

Verified by

Date updated by

Details of Part-time partners of the firm (Please refer to Sr. No-6 of the EO)

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 name also (Y/N)	Whether employed elsewhere (Y/N)	Whether has ISA (Information system Audit/CISA or any other equivalent qualification (specify the qualification))

* If yes, please attach a copy of the certificate

Annex A-2

Details of Full-time Chartered Accountant Employees (Please refer to Sr. No-7 of the EOI)

Sr.No	Name of partners	Membershi p no.	Whether FCA/ACA	Date of joining the firm as full time employoe	Whether has ISA (Information system Audit/CISA or any other equivalent qualification (specify the qualification)	Signature of the employoee

* If yes, please attach a copy of the certificate

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

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

* If yes, please attach a copy of the certificate

