



CHANDIGARH STATE AIDS CONTROL SOCIETY, UNION TERRITORY, CHANDIGARH

International Hostel, Near PGIMER, Madhya Marg, Sector 15-A, Chandigarh

Phone No.2544589, 2783300 Web Site: www.chandigarhsacs.org

Call for Expression of Interest: Chartered Accountant Firms for Statutory Audit of Chandigarh SACS / Internal Audit of NGOs, Peripheral Units working with Chandigarh SACS

The State AIDS Control Societies (SACS) are responsible for implementing the National AIDS Control Programme (NACP) in the States.

Chandigarh SACS is a registered organization under the control of the Union Territory, Administration and it is the nodal organization for all the HIV/AIDS prevention and control work that is taken up in the Chandigarh. CSACS releases fund to peripheral organizations like NGOs and hospitals under the Government sector. Hence, it is essential to assess as to conduct an audit under the provision of the Societies Registration Act, 1860 as applicable in the Union Territory, Chandigarh.

1. Expressions of Interest are invited from CAG empanelled Chartered Accountant firms to conduct **STATUTORY AUDIT** of Chandigarh SACS for FY 2019-20 extendable maximum upto 3 years on yearly basis subject to satisfactory services.

2. Expressions of Interest are invited from CAG empanelled Chartered Accountant firms to conduct **INTERNAL AUDIT of NGOs, Peripheral Units** for FY 2019-20 extendable maximum upto 3 years on yearly basis subject to satisfactory services.

Eligibility & Assessment Criteria

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

For Further Information:

For further information on NACP, interested bidders are requested to contact the following email id: chandigarhsacs@gmail.com or Tel No.: 0172 - 2544589, 2783300.

The contact person is: Balbir Singh Wadhawan, Assistant Director(Finance), Chandigarh SACS

REQUIREMENTS

The EOI should be sent along with a **Capability Statement and relevant documents as per Criteria** mentioned there in including a profile of the organization relevant technical and geographical coverage along with the financial turnover for the last 3 financial years. The formats of capability statement & criteria are available on the web-site: www.chandigarhsacs.org. 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 organization profiles. The CA firm should apply for S.No.1 or S.No.2 or both (separately) and submit clearly specifying the Nature of Audit i.e. Statutory Audit / Internal Audit on top of envelop of EOI.

EOI should be send to **Project Director, Chandigarh State AIDS Control Society, International Hostel, Madhya Marg, Near PGIMER, Sector 15 A, Chandigarh**, through post only to arrive not later than 17:00 hrs on July 22, 2019. Only organizations, which pass the pre-selection process, will be contacted and invited to submit detailed proposals.

Sd/-
Project Director

Expression of Interest for short listing Chartered Accountant Firms for Statutory Audit of CHANDIGARH SACS / Internal Audit of NGOs, Peripheral Units of Chandigarh SACS

Part - A

Status of the Firm	Partnership	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>
1	a	Name of the firm (in capital letters)		
	b	Address of the Head Office		
		(Please also give telephone no.		
		and email 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 1st January, 2019			

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 01.01.2019.

6	Number of Part time Partners if any, as on 1st January, 2019	_____
7	Number of Full time Chartered Accountant as on 1st January, 2019	_____
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 and 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 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

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 of partners have not been debarred or cautioned by ICAI during the last five years (if caution 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 1st January of the relevant year shown in the Expression of interest is the same as that in the Constitution Certificate issued by the ICAI.

S.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

Criteria (Detailed) and Scoring Scheme for Short listing at the EOI stage

S. No.	Criteria	Weightage %	Detail	Information to be provided alongwith relevant Documentation
1	Long Standing of the firm	10		Date of Constitution of the firm as evidenced from the firm contitution certificate issued by ICAI
2	Turnover of the firm for the last three financial years (FY) from audit and assurances services "Specified Turnover"	15		Self-certified; the PAF will provide the total turnover and the Specified Turnover. "Turnover" would mean the professional fee earned excluding service tax and travelling, if billed separately.
3	Experience and Association of Partners	15		List of Partners with date of qualification and number of years of PQE with the firm constitution certificate issued by ICAI
4	Experience and Association of qualified full time staff (being CAs or Cost Accountants or technically qualified staff relevant to the project)	10		List of full time staff with date of qualification and number of years of PQE with the firm supported by the latest firm constitution certificate issued by ICAI. Documentation showing the qualifications and experience of staff than CAs
5	Experience of the firm during the last 5 years in audit of Financial Statements / Internal Audit of:			List of the clients audited by the firm and signed under the firm name only, giving the date of issue of the audit report and self attested copies of the appointment letters (only assignments in respect of which audit report has been issued during the last 5 years from date of EOI and pertaining to project as a whole should be included)
a.	Projects financed by bilateral or multilateral agencies	15		
b.	Projects in the same sector (other than above)	15		
c.	Agencies implementing government projects (other than above)	15		
6	Presence in the state where project headquarters are located (more than 3 years)	5		Latest firm constitution certitifate issued by ICAI Date of establishment of the branch and name of Partner/CA qualified employee in charge of the firm.
	TOTAL	100		