

Government of Jammu and Kashmir
JAMMU & KASHMIR AIDS CONTROL SOCIETY
Department of Health & Medical Education
1st Floor Seerat Complex, Sector – 14 Nanak Nagar, Jammu.

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CALL FOR EXPRESSIONS OF INTEREST
CHARTERED ACCOUNTANT FIRMS FOR THE INTERNAL AUDIT OF
PERIPHERAL UNITS AND FOR THE STATUTORY AUDIT OF JKACS

The Jammu & Kashmir AIDS Control Society (JKACS) is responsible for implementing the National AIDS Control Programme (NACP) in J&K who has received funds from Government of India towards the cost of National AIDS Control Programme and intends to apply a part of the proceeds of this credit to eligible payments under the contract for which this invitation for Expression of Interest (EOI) is issued. JKACS is a registered organization under the control of the State Government and the nodal organization for all the HIV/AIDS prevention and control work that is taken up in the state. JKACS releases funds to peripheral organizations like NGOs and Hospitals under the Government sector. Hence it is essential to assess as to conduct the internal audit to assess as to how the peripheral units have discharged their fiduciary responsibilities.

Expressions of Interest are invited from CAG empanelled Chartered Accountant Firms to conduct the internal Audit of peripheral units and statutory audit of the JKACS for the financial year 2018-19-2019-2020.

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 relevant technical and geographical coverage along with the financial turnover for the last 3 financial years. A format for the capability statement and this notification is available at official website of JKACS i.e, www.jksacs.org (in tender column), 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. They should reach to the office of **Project Director, J&K AIDS Control Society, Seerat Complex, Sector-14 Nanak Nagar, Jammu Or Public Health Building Behind Barzullah Hospital, Srinagar upto 24th of December, 2019**, only organizations, which pass the pre-selection process, will be contacted and invited to submit detailed proposals.

Notification of ICAI regarding Fee.

The notification issued by ICAI regarding the minimum fee, so the MINIMUM fee for Statutory Audit of JKACS is Rs.25,000/- per annum and for Internal Audit of each peripheral unit is Rs.3,000/- per annum (audit to be done half yearly). The assignment will be given to two different auditors for statutory audit of JKACS and for internal audit of peripheral units. The firms may quote their offer inclusive of all taxes.

FOR FURTHER INFORMATION:-

For further information, interested bidders, if required, may contact the following email ID: jksacs@gmail.com or Tel. No. 0191-2471579.

No. JKACS/Fin/Proc/19/1833
Dated: 04 /12/2019

Sd/-
Project Director

**Expression of Interest for short listing Chartered Accountant Firms for the audit of
the accounts of SACS/Distt. Units/Peripheral Institutions**

PART-A

Status of the Firm **Partnership** **Sole Partnership**

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 form:
- (b) Date since when the firm has a full time FCA
5. Full-time Partners/Sole Proprietor of the firm as on 1st 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 latest copy of Firm's Constitution issued by ICAI.

6. Number of Part Time Partners if any, as on 1st January, _____
7. Number of Full Time Chartered Accountant as on 1st 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) _____
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
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. (If yes, a brief note on the procedure adopted is to be enclosed) Yes/No
12. Are there any court/arbitration/ Legal cases against the firm (If yes, a brief note of the cases indicating its Present status) Yes/No
13. Fees earned by the firm for 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 severely 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 there under;
- (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 1st January of the relevant year shown in the Expression of the 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 for issue of Certificate of practice

(seal of the firm)

Place

Date

Encl _____ pages

Signature of Proprietor/Sole Partner

Form FIN – 2 : Summary of Costs

Item	Cost s in INR			
	Year 1	Year 2	Year 3	Total for 3 Years
Total Costs of Financial Proposal				

Form FIN – 3 : Breakdown of Costs by Activity

Group of Activities (Phase): For the whole assignment	Description: Cost as per whole assignment			
Cost component	Costs			
	Year 1	Year 2	Year 3	Total for 3 Years
Remuneration				
Reimbursable Expenses				
Subtotals				

Form FIN – 4 : Breakdown of Remuneration (Lump Sum)

Name	Position	Staff-month rate
Professional and support Staff		

Form FIN – 5 : Breakdown of Reimbursable Experience (Lump-Sum)

No.	Description	Unit	Unit Cost
1.	Per diem allowances		
2.	Miscellaneous travel expenses		
3.	Communication costs between (insert place) and (insert place)		
4.	Drafting, reproduction of reports		
5.	Equipment, instruments, materials, supplies, etc.		
6.	Cost and rental of any instruments or equipment		
7.	Cost of office accommodation and investigations		
8.	Local transportation costs		
9.	Office rent, clerical assistance		
10.	Cost of any other item, not covered above, but needed to perform the activities		

***The Additional payment for future possible additional services should be depending on the scope of the work.**