# TENDER NOTICE FOR APPOINTMENT OF CONCURRENT AUDITORS (2017-18) PONDICHERRY STATE HEALTH SOCIETY,

Government of Puducherry, Health Department Complex, 2<sup>nd</sup> Floor, Victor Simonal Street, Puducherry-1. Fax & Ph: 0413-2224059 & 39 Email id: nrhmpondicherry@yahoo.co.in

Request for Proposal for appointment of Concurrent Auditors for the Financial Year 2017-18 for State Health Society (SHS) & District Health Societies (DHS).

The Pondicherry State Health Society, invites "Request for Proposals" (RFP) from firms of Chartered Accountants empaneled with C&AG and Cost Accountants and which meet all the conditions in the minimum eligibility criteria, for carrying out the auditing as per the Terms of Reference provided in the RFP for Concurrent Audit of the State & Districts for the Financial Year 2017-18.

**Detailed RFP** comprising Eligibility Criteria, Background, Terms of Reference (ToR) and Guidelines for submitting the proposal can be downloaded from the website: <a href="https://www.nhmpuducherry.org.in">www.nhmpuducherry.org.in</a>

# **Important Dates:**

I. Date for pre-bid conference : 11.09.2017 at 11.00 am

ii. Last date for submission of Proposal to SHS : 18.09.2017 on or before 4.00 pm

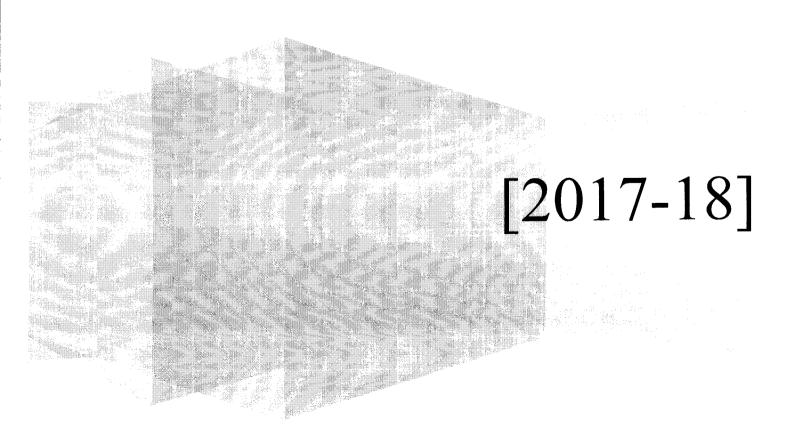
iii. Date of opening of Technical Bids : 19.09.2017 at 11.00 am

iv. Date of opening of Financial Bid bid : 21.09.2017 at 11.00 am

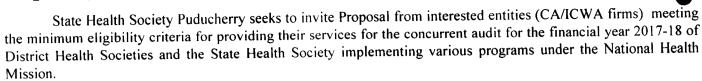
- Mission Director, Pondicherry State Health Society

# Request for Proposal (RFP)

For Appointment of Concurrent Auditor for District Health Societies (DHS), State Health Society for Audit of all programmes under NHM including NUHM & NCDs (For the Financial Year 2017-18)



# Request for Proposal (RFP) for Concurrent Auditor:



Single proposals is invited for Pondicherry State, Pondicherry, Karaikal, Mahe and Yanam Districts.

The details about the background of the auditee, the units to be covered in the audit, scope of work, terms of reference, and the minimum eligibility criteria for selection of the C.A./ICWA firms are given in the following paragraph.

#### Terms of Reference (ToR)

National Rural Health Mission (NRHM) of the Ministry of Health & Family Welfare was launched on 12<sup>th</sup> April, 2005 by the Government of India to improve medical facilities in the country. From 2013-14 onwards the NRHM programme has been subsumed under the umbrella programme of National Health Mission. NHM is overarching NUHM and also includes Communicable and Non-Communicable Diseases (NCD) as well. The NHM seeks to provide accessible, affordable and quality health care to the population, especially the vulnerable sections. It also seeks to reduce the Maternal Mortality Ratio (MMR) in the country from 167 to 100 per 1,00,000 live births, Infant Mortality Rate (IMR) from 40 to 30 per 1000 live births and the Total Fertility Rate (TFR) from 3.0 to 2.1.

- 2. One of the visions of the Mission is to increase public spending on health from 1.3% to 2-3% of GDP, with the improved arrangement for community financing and risk pooling. The NHM has provided an umbrella under which the existing Reproductive and Child Health Programme (RCH), various National Disease Control Programmes (NDCPs) and Non-Communicable Disease Programme (NCDs) have been repositioned. National Urban Health Mission (NUHM) has also been added as Submission of National Health Mission.
- 3. At present the following Programmes/Schemes fall under the National Health Mission:

#### A. NHM-RCH Flexible Pool:

- RCH Flexible Pool including Routine Immunization (RI), Pulse Polio Immunization (PPI) and National Iiodine Deficiency Disease Control Programme (NIDDCP)
- Health System Strengthening(HSS) under NRHM including National Programme for Prevention and Control of Deafness (NPPCD), National Oral Health Programme (NOHP), National Programme for Palliative Care (NPPC), Assistance to State for Capacity building (Burn Injury), National Programme for Fluorosis(NPF).
- B. National Urban Health Mission (NUHM) Flexible Pool.
- C. Flexible Pool for Communicable Diseases:
  - National Vector Borne Disease Control Programme (NVBDCP),
  - · Revised National Tuberculosis Control Programme (RNTCP),
  - · National Leprosy Eradication Programme (NLEP),
  - Integrated Disease Surveillance Project (IDSP).

#### D. Flexible Pool for Non-Communicable Diseases:

- National Programme for Control of Blindness (NPCB),
- National Mental Health Programme (NMHP),
- National Programme for Health Care of the Elderly (NPHCE),
- National Tobacco Control Programme (NTCP),
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

#### 4. Institutional and Funding Arrangements:

For the implementation of the above programmes, MOHFW has required the creation of an Integrated Health Society at State and District levels (registered as a legal entity at the State and District under Societies Registration Act, 1860). Such integrated State Health Society (SHS) works in close coordination with the Directorate of Health & Family Welfare and District Health Societies (DHSs) work in coordination with the District Collector and District Chief Medical Officer (CMO). Program implementation is done through its District Chief Medical Officer's office, Blocks, Community Health Centres (CHCs), Primary Health Centres (PHCs), Sub- Centres (SCs), Rogi Kalyan Samities (RKS) and Village Health Sanitation & Nutrition Committees (VHSNC). Certain activities may be managed at the State level such as drug procurement, IEC, civil works, training using specialized entities such as SIHFW, IEC Bureau, PWD, the Directorate of Health and Municipal Corporations for the urban health components. In addition funds are also released from SHS/ DHS to NGOs and private entities under public private participation (PPP) arrangements.

#### **Funding & Accounting Arrangements:**

Funds for the various programs are transferred from Pay & Accounts Office of MoHFW to the State Treasuries and then from Treasuries to the SHS functioning in the State. Government of India transfer funds in the form of Grants-in-Aid to SHS on the basis of respective State Programme Implementation Plan (SPIPs) and approved Annual Work Plans which are prepared on the basis of District Health Action Plans (DHAP) of each of the districts in the State. Under the umbrella of the integrated SHS/DHS each program has separate bank accounts, maintains separate books of accounts and other financial records as per the requirements of each program and also submit separate financial activity reports at varying frequencies to the respective monitoring unit in MOHFW (GOI).

#### 5. Financing by Development Partners/ Donors:

Some of the programs of NHM are also supported by development partners such as the Asian Development Bank (ADB), GFATM/World Bank etc. for which credit agreements have been entered into by GoI with the respective development partners. Compliance with specific fiduciary requirements of the development partners will additionally need to be reported by the auditors. Copies of the legal agreements and other project documents will be provided to the auditors, if needed, by SHS/ concerned Programme Division in the State.

6. Standards: The audit will be carried out in accordance with Engagement & Quality Control Standards (Audit & Assurance Standards) issued by the Institute of Chartered Accountants of India

in this regard. The auditor should accordingly consider materiality when planning and performing (except where a certain minimum coverage of implementing units is specified) the audit to reduce the risk to an acceptable level that is consistent with the objective of the audit. In addition the audit should specifically consider the risk of material misstatements in the financial statements resulting from fraud.

## Objective of Audit & Audit Service:-

The objective of the audit of the financial statements - individual financial Statements of State and District Health Society as well as the Consolidated Financial Statements of the State and District as a whole i.e. (Balance Sheet, Income & Expenditure, Receipt & Payment, together with relevant accounting policies, notes to accounts and schedules (Bank Reconciliation Statements, Statement of Funds Position, Reconciliation of Expenditures as per Audited financial statements with the expenditure reported as per the Financial Monitoring Report (FMR) is to enable the auditor to express a professional opinion as to whether:-

- (1) The financial statements give a true and fair view of the Financial Position of the individual DHS,SHS and Consolidated District and State Health Societies at the end of each fiscal year and of the funds received and expenditure incurred for the accounting period.
- (2) The funds were utilized for the purposes for which they were provided, and
- (3) Where programs are financed by development partners, the respective program expenditures are eligible for financing under the relevant grant/ credit agreement.

The books of accounts as maintained by the State Health Society, District Health Societies and other participating implementing units such as Blocks. CHC, PHCs, Sub Centres, Village Health Nutrition and Sanitation Committees (VHNSCs) etc. shall form the basis for preparation of the individual DHS and SHS financial statements as well as the consolidated financial statements for the State as a whole.

#### The key objectives of the concurrent Audit include:

- To ensure voucher/ evidence based payments to improve transparency
- To ensure accuracy and timeliness in maintenance of books of accounts
- To ensure timelines and accuracy of periodical financial statements
- To improve accuracy and timeliness of financial reporting especially at sub-district levels
- · To ensure compliance with laid down systems, procedures and policies
- To ensure NHM Guidelines, Govt. of India and Govt. of Puducherry expenditure sanction.
- To regularly track, follow up and settle advances on a priority basis
- To assess & improve overall internal control systems.

The responsibilities of the concurrent auditors should include reporting on the adequacy of internal controls, the accuracy and propriety of transactions, the extent to which assets are accounted for and safeguarded, and the level of compliance with financial norms and procedures of the operational guidelines.

#### The concurrent audit should be carried out both at State as well as District level.

#### The scope of work of "Concurrent Auditor" is as follows:

- Audit of the SHS and DHS accounts and expenditure incurred by SHS and DHS.
- Verification of Quarterly FMRs with Books of Accounts
- Audit of Advances at the SHS and DHS level
- Audit of the Provisional Utilization Certificates sent to GoI
- Monitoring timely submission of the District concurrent audit reports
- Detailed analysis and compilation of the District concurrent audit reports
- Vetting of the State Action Taken Reports and providing observations thereon
- Follow-up & monitoring over the ATRs prepared by districts on the observations made in the audit
- Preparation of Quarterly Executive summary to be sent to GoI in the prescribed format
- Any other evaluation work, as desired by the State Audit Committee
- Concurrent Audit will be carried out on a "monthly basis" in all the districts.
- The Scope of work which includes the Key objectives as mentioned above.

### Section - I Minimum Eligibility Criteria:

# Eligibility Criteria for the State and District Health Societies:

| SN | Minimum Criteria  | Remarks                         |
|----|---|---------------------------------|
| 1. | The CA firm must be empanelled with C & AG  | For the F.Y. 2016-17 or 2017-18 |
| 2. | The firm must be registered with ICAI/ICWAI   | -                               |
| 3. | Turnover of the CA/ICWA firm (Average annual in last two financial years)   | Minimum Rs.25 Lacs              |
| 4. | Minimum Number of Partners  | Minimum 3 Partner*              |
| 5. | No. of Years of Firm Existence(Minimum)   | 2 Years                         |
| 6. | No. of assignments: (Experience of audit of Externally / Internally Aided Projects / Social Sector Projects (Other than Audit of Charitable Institutions & NGOs). | 2                               |

<sup>\*</sup> For the purpose of counting number of partner, Partner who joins on or after 01-01-2017 will not be considered.

Any firm not qualifying the above minimum criteria need not apply as their proposal shall be summarily rejected.

Supporting Documents for Eligibility Criterions: Following supporting documents must be submitted by the firm along with the technical proposal:

- A. For S. No. 1 above, the firm must submit an self attested copy of Certificate of C&AG.
- B. For S. No. 2,4 & 5 the firm must submit a copy of the latest constitution certificate from ICWAI/ICAI.
- C. For S. No. 3, the firm must submit <u>audited</u> financial statements for last two financial years.
- D. For S. No. 6 the firm must submit appointment letters from organization.
- E. The firm or any partners of the firm should not be black listed by any PSUs or Govt. Co. or any other organisation in respect of any assignment or behaviour. [Self attested affidavit on Rs.100/- stamp paper to be given in this regard by the authorised person of the firm].
- F. Latest Income Tax return of the Firm duly acknowledged by the IT Department.

#### Coverage:

1. The Concurrent Auditor should ensure coverage of State Office & its implementing agencies (Quarterly), and the consolidated report is to be prepared based on District Audits' reports & Institution audit report which will be prepared by Concurrent Auditor comprising the Part A, B, C, & D, Florousis, NCDs and NUHM and any other funds given from MOHFW any funding agency.

### Section – II Terms of appointment of the Auditor:

#### **State office Level:**

- The concurrent auditor appointed once can be retained / reappointed for a maximum total term of two financial year's i.e. current year and next year on the basis of auditor's performance review.
- Audit should be conducted on monthly basis of state office and quarterly basis of its implementing agencies. It will be responsibility of the auditor to prepare financial statements on monthly, quarterly and annual basis as the case may be. Along with this, quarterly consolidated financial statement will have to be prepared on the basis of district's concurrent auditor report and state office report
- Concurrent auditor will have to file Quarterly TDS, EPF and GST return on the basis data provided by state / district office on or before due date.
- If any firm applies for a district(s) for the financial year 2017-18 of which it was auditor for any previous year (s) then State Health Society (SHS) reserves the right for allotment of marks of financial and technical evaluation on the basis of previous year/s performance.
- Validity of Tender document will be for 6 months from opening of tender.
- It may be noted that a record of the team shall be maintained at the facility visited and team has to collect a certificate of their attendance giving their name, designation and date of visit etc. from the head of that facility.
- In case of delay submission of audit report 15% of monthly fees will be deducted as penalty. (**Refer Key time line**).

#### **District Level:**

- It will be responsibility of the auditor to prepare financial statements on monthly, quarterly and annual basis as the case may be.
- In the financial year 2017-18 audit will be conducted monthly basis at district level including its blocks. Coverage of all the blocks will be as per follows:-

| Month (In Any Quarter) | Coverage of the Blocks        |
|------------------------|-------------------------------|
| In First Month         | Minimum 40% of all the blocks |
| In Second Month        | Further 40% of all the blocks |
| In Third Month         | Further 20% of all the blocks |

- It may be noted that a record of the team shall be maintained at the facility visited and team has to collect a certificate of their attendance giving their name, designation and date of visit etc. from the head of that facility.
- In case of delay submission of audit report 15% of monthly fees will be deducted as penalty. **Refer Key** time line).

#### **Key Timelines**

The key timelines which need to be adhered to are summarized below:

| Activity                      | State   | Agencies  | District | Blocks   |
|-------------------------------|---------|-----------|----------|--|
| Carrying out concurrent audit | Monthly | Quarterly | Monthly  | In First Month- Minimum 40% of all the blocks In Second Month- Further 40% of all the blocks In Third Month- Further 20% of all the blocks |

| Preparation of financial statement  | Monthly   | Quarterly   | Monthly   | Quarterly   |
|---|---|---|---|---|
| Submission of Audit Report<br>(Hard & Soft Copies) by<br>Auditor to SHS /<br>DHS/Agencies | Within 15 Days from end of the respective months. | Within 15 Days from end of the respective Quarters. | Within 25 Days from end of the respective Months. | Within 25 Days from end of the respective Quarters. |
| Consolidation   | Annual  | Not<br>Required                                     | Annual  | Not Required  |

#### Section – III Non-Eligibility for Concurrent Audits:

1. Subletting award of audit work to the other CA/ICWA Firms other than to who allotted will not be entertained. Such cases if brought into notice/found at any point of time before/after selection the concerned firms will be deferred from bidding process for next 3 years and contract will be cancelled with penalty.

#### Section IV - Guidelines for Submitting the Proposals:

#### A. General Guidelines:

Firms are required to submit the proposal (RFP) (in two separate & sealed cover/envelops) duly writing on Top as proposal for <u>Concurrent Auditor</u> & Last date <u>18.09.2017</u> as per the guidelines and formats detailed out in the following paras:

- i. The original and all copies of the Technical Proposal shall be placed in a sealed envelope clearly marked "TECHNICAL PROPOSAL" Similarly, the original Financial Proposal shall be placed in a separate sealed envelope clearly marked "FINANCIAL PROPOSAL" followed by the name of the assignment, and with a warning "Do Not Open With the Technical Proposal." The envelopes containing the Technical and Financial Proposals shall be placed into an outer envelope and sealed. This outer envelope shall bear the submission address, reference number and title of the Assignment, and be clearly marked "Do Not Open, Except in Presence Of the Standing Committee For Audit". The Society shall not be responsible for misplacement, losing or premature opening if the outer envelope is not sealed and/or marked as stipulated. This circumstance may be case for Proposal rejection. If the Financial Proposal is not submitted in a separate sealed envelope duly marked as indicated above, this will constitute grounds for declaring the Proposal non-responsive.
- ii. Association with Other firms & Quality Assurance: Only single firm is eligible to apply. Association with other firms or Joint ventures of two or more firms are not allowed.
- iii. The interested firm should submit the proposal form State Health Society office. The Mission Director of the State Health Society shall evaluate the Technical proposal and finalize the same for opening of financial bids of eligible firms. The Mission Director shall be the appointing authority of concurrent Auditors.
- iv. The firm shall give an undertaking that the team members are proficient in the State's official language (both oral and written).
- v. All agencies must comply with the Technical Specification, General Conditions and Format/Requirements for Technical and Financial proposal.
- vi. The Technical Proposal shall be marked "ORIGINAL" or "COPY" as appropriate. All required copies of the Technical Proposal are to be made from the original. If there are discrepancies between the original and the copies of the Technical Proposal, the original governs.
- vii. Financial proposals submitted by the firm should be valid for 6 months from the date of submission of the proposal by the firm.
- viii. Each page, Form, Annexure and Appendices of the Technical and Financial Proposal must be signed by the Authorised signatory of the firm. All blank spaces in the financial proposal must be filled in completely where indicated, either typed or written in ink.

- ix. State Health Society (SHS) reserves the right to accept or reject any application without giving any explanation and change the evaluation criteria as per its requirements in the interest of the organisation.
  - x. The proposal shall be submitted to Office of Mission Director.

#### **B.** Technical Proposal:

- i. Letter of Transmittal ( Form T-1)
- ii. Details of the Firm along with Details of Partners (Form T-2, T-2A),
- iii. Brief of the relevant experience (Form T-3).

#### C. Financial Proposal:

- i. The financial bid shall be submitted as per Form F-1.
- ii. Percentage (or proportion) of funds involved/turnover shall not be basis for quoting the audit fee.

#### **ELIGIBILITY CRITERIA & TECHNICAL EVALUATION:**

Eligibility criterion of the firms shall be based on the various criterions as given in the table below. The technical proposal evaluation shall be based on the following parameters.

| SI.<br>No. | Particulars   | Basis<br>(State        | Max<br>Marks | Evaluation Criterion   |
|------------|---|------------------------|--------------|--|
|            |   | office)                |              | State and District Office  |
| 1          | Number of Full Time<br>Fellow/ Associate<br>Partners associated with<br>the firm  | 3                      | 20           | For District office;- 3 to 5 partner = 6 marks 6 to 8 partners = 10 marks 9 to 11 partners = 16 marks 12 or more partners = 20 marks   |
| 2.         | Turnover of the firm (Average annual in last three/two financial yrs.)  | Minimum<br>Rs. 25 Lakh | 10           | For District office;-  10 to 25 Lakh= 5 marks 26 to 40 Lakh = 8 marks above 40 Lakh = 10 marks   |
| 3.         | No. of assignments:<br>Experience of audit in<br>relation to Social<br>Sector.**  | 2                      | 20           | For District office;  Assignments 2 to 5 = 10 marks.  Assignments 6 to 9 = 15 marks.  Assignments more than 9 = 20 marks   |
|            | Qualification of Key Professionals staff, Nos of qualified, semi qualified staff, No of year experience in Govt sector and Existence of firms HQ in the District. |                        | 50           | For District office;-  1) Qualified Key Professionals staff (10 Marks) CA/ICWA staff 1 to 2-3 marks CA/ICWA staff 3 to 4-4 marks CA/ICWA staff 5 to 6-6 marks CA/ICWA staff 7 or more = 10 marks  2) Semi qualified staff (Inter CA/ICWA /M.Com/MBA-Fin) (5 Marks)  No of staff 2 to 5 = 1 marks No of staff 6 to 10 = 2 marks No of staff 11 to 15-3 marks No of staff more than 15 = 5 marks 3) No of year experience in Govt sector (5 Marks).  No of year experience in Govt 4 to 7-3 No of year experience in Govt 4 to 7-3 No of year experience in MHM sector (10 Marks).  No of year experience in NHM sector (10 Marks).  No of year experience in NHM more than 3-10  5) Existence of the firm (8 marks). Firms existing 2 to 4 year = 3 marks, Firms existing 5 to 8 year = 5 marks, Firms existing more than 3 year = 8 marks, Firms existing more than 3 year = 8 marks, Firms existing Branch Office / HQ in the District (12 Marks).  Head Office within Dist = 12 marks Branch office within Dist = 8 marks (Any one of the above) |

- \* For the purpose of counting number of partner, Partner who joins on or after 01-01-2017 will not be considered.
- \*\*Counting will be done according to party wise and not year wise.
- For semi qualified/qualified staff a proof (mark sheet/certificate) should be attached with the bid. Further, as article clerks are concerned, only those who have passed Intermediate/IPCC/PCC/ICWA-Inter will be considered.
- ii. The firm must achieve at least 50% of the marks to qualify on technical parameters.
- iii. In case after the technical evaluation, if no bidding firm gets the minimum 50% marks than top three firms are to be taken into consideration for financial bid.
- iv. If there are only one or two firms than they may be considered.

#### **Section V – Selection Process of the Auditor:**

The firm must achieve at least 50% of the marks to qualify on technical parameters for the purpose of the aud—In case after the technical evaluation, if no bidding firm gets the minimum 65% marks than top three firms are to be taken into consideration for financial bid. <u>If there are only one or two firms than they may be considered.</u>

A two-stage procedure shall be adopted in evaluating the proposals. The selection will be done using Quality cum Cost Based Selection (QCBS) process. 70% weight age would be given to the Technical evaluation and 30% weight age would be given to the financial bid.

#### First Stage:

- i. Only Technical Proposals shall be opened first for all the firms.
- ii. Thereafter, a technical evaluation shall be carried as per the evaluation parameters provided in the "Eligibility Criteria & Technical Evaluation" section.
- The technical proposal scoring at least 50% of the marks shall be considered as "Qualified on Technical Parameters". A Proposal shall be rejected at this stage if it does not respond to important aspects of the RFP, and particularly the Terms of Reference or if it fails to achieve the minimum technical score (i.e. at least 50%)

#### **Second Stage:**

- i. Financial proposals shall be opened only for those firms who have Qualified on Technical Parameters (i.e. secured at least 65% of maximum marks on evaluation criteria). Financial Proposals of the firms which have not qualified on technical parameters shall be returned unopened after the completion of selection process.
- ii. Quality cum Cost Based (QCBS) process shall be followed as under:

  Once the Technical points have been allotted and finalised 70% of such points shall be allotted to the respective bidding firm and after opening of the Financial Bid the amount of quoted Audit Fee shall be mentioned against the respective C.A./ICWA firms. 100 Marks shall be allotted to the firm quoting the minimum Financial Bid and the rest will be awarded points on proportionate basis.

#### **Award of Contract:**

On completion of selection process, the firm selected shall be eligible for award of the contract of audit of SHS and DHS. The firm should execute a Contract with the SHS within 1 week of the award. The firm shall enter in to an agreement with the SHS.

#### **Letter of Transmittal**

To,

Mission Director
Pondicherry State Health Society,
II Floor, Victor Simonel Street,
(Old Maternity Hospital,
Next to Puducherry State Legislative Assembly Building,
Puducherry – 605 001.

Dear Sir,

We, the undersigned, offer to provide the audit services for [Name of State/District Health Society] in accordance with your Expression of Interest dated [Insert Date]. We are hereby submitting our Proposal, which includes this Technical Proposal, and a Financial Proposal sealed under a separate envelope.

We are submitting our Proposal in association with (Name of Firm). We hereby declare that all the information and statements made in this Proposal are true and accept that any misinterpretation contained in it may lead to our disqualification.

The prices quoted by us in the Financial Proposal (Form F-1) are valid till six months from the date of submission of the quotation. We confirm that this proposal will remain binding upon us and may be accepted by you at any time before the expiry date.

Prices have been arrived independently without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any competitor.

We agree to bear all costs incurred by us in connection with the preparation and submission of the proposal and to bear any further pre-contract costs.

We understand that State/District Health Society [Insert Name of the State/District] is not bound to accept the lowest or any proposal or to give any reason for award, or for the rejection of any proposal.

I confirm that I have authority of [Insert Name of the C.A. Firm] to submit the proposal and to negotiate on its behalf.

Yours faithfully,

(

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# Details of the Firm along with Details of Partners for the audit of the accounts of District Health Society

| Status of th | he Firm Partnership                              | Sole Propri              | etor                |
|--------------|--|--------------------------|---------------------|
| (a) l        | Name of the firm (in Capital letters)            |                          | <u>-</u>            |
| (b) <i>i</i> | Address of the Head Office                       |                          | <del>.</del>        |
| (            | (Please also give telephone no.                  |                          |                     |
| á            | and e-mail address)                              |                          |                     |
| (c) I        | PAN No. of the firm                              |                          |                     |
| (d)          | Service Tax Registration/GSTIN Number            |                          |                     |
| 2. ICA       | AI/ICWAI Registration No Region N                | ame                      |                     |
| Reg          | gion Code No.                                    |                          |                     |
| . (a)        | Date of constitution of the firm:                |                          |                     |
| (b)          | Date since when the firms has a full time I      | FCA/FICWA                |                     |
| <b>,</b> ,   | l-time Partners of the firm                      |                          |                     |
| S. No.       | Years of continuous association with the firm    | Number of FCA/FICWA      | Number of ACA/AICWA |
| (a) L        | less than one year                               |                          |                     |
| (b) 1        | year or more but less than 5 years               |                          |                     |
| (c) 5        | year or more but less than 10 years              |                          |                     |
| (d) 1        | 0 year or more but less than 15 years            |                          |                     |
| (e) 1        | 5 year or more                                   |                          |                     |
| lote: Pleas  | se attach the latest copy of Firm's Constitution | Certificate issued by IC | CAI/ICWAI.          |
| 5. Nun       | mber of Part time Partners if any,               |                          |                     |
| . Nun        | mber of Full time Chartered Accountant           |                          |                     |
| . Nun        | mber of audit staff employed full-time with the  | firm                     |                     |
| (a)          | Articles/Audit Clerks                            |                          |                     |
| (b)          | Other Audit Staff (with knowledge of boo         |                          |                     |
|              | Keeping and accountancy)                         |                          |                     |

Other Professional Staff (Please specify)

(c)

| 8.     | Number of Branches if any (Please mention                                   | <del></del>          |
|--------|---|----------------------|
|        | Places & locations):  |                      |
| 9.     | . Whether the firm is engaged in any internal                               |                      |
|        | or External audit or any other services                                     | Yes/No               |
|        | Providing to any Govt. Company/Corporation                                  |                      |
|        | or co-operative institution etc.  |                      |
|        | If 'yes', details may be given as per form T-3.                             |                      |
| 10     | 0. Whether the firm is implementing quality control                         |                      |
|        | Policies and procedures designed to ensure                                  | Yes/No               |
|        | 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)           |                      |
| 11.    | Whether there are any court/arbitration/any                                 |                      |
|        | other legal case against the firm   | Yes/No               |
|        | (If yes, give a brief note of the case indicating its percent status)       |                      |
|        | <u>Undertaking</u>  |                      |
|        | do hereby declare that the above mentioned in formations are true & correct |                      |
|        | ide the terms & condition of the contract and would make compliance of ter  | rms laid-down in the |
| contra | ract if executed by us with the State/District.                             |                      |
| Date:  | :   |                      |
| Place  | <b>:</b> :  |                      |
|        | Signa   | ture of Partner      |
|        |   |                      |
|        |   |                      |
|        |   |                      |

| Form | T-2A |  |
|------|------|--|

Details of Firms, Partners, Branches, Turnover etc

|        | Criteria   |                | Details               | Remarks               |
|--------|--|----------------|-----------------------|-----------------------|
| 1.     | No. of partners – FCA/FICWA/ACA/AICWA                                |                |                       |                       |
| 2.     | Years of experience-   |                |                       |                       |
|        | Partner A + Partner B + Partner C + Partner D +                      |                |                       |                       |
|        |  |                |                       |                       |
| 3.     | Years of Partners association with the firm -                        |                |                       |                       |
|        | Partner A + Partner B + Partner C + Partner D + .                    | ļļ             |                       |                       |
| 4.     | No. of Staff –   |                |                       |                       |
|        | i. Qualified   |                |                       |                       |
|        | ii. Semi Qualified   |                |                       |                       |
|        | iii. Others  |                |                       |                       |
| 5.     | Nature of experience   | 1 1            |                       |                       |
|        | (giving Turnover/Project Cost/ Years of experience of                |                |                       |                       |
|        | the entities/projects audited)                                       |                |                       |                       |
|        | i. RCH audit   |                |                       |                       |
|        | ii. Govt. Social Sector Audit  |                |                       |                       |
|        | iii. Other Social Sector Audit                                       |                |                       |                       |
| 6.     | No. of Branches  |                |                       |                       |
| 7.     | Total turnover of the firm in last three years                       |                |                       |                       |
|        |  |                |                       |                       |
| Note:  | 1. CA/ICWA firms will also provide their latest Certi                | ficate of Firm | n Constitution issue  | d by ICAI/ICWAI and   |
|        | latest Income Tax Return duly acknowledge by IT De of be considered. | partment. Firm | ns not able to provid | e these two documents |
| WIIIII | or be considered.  |                |                       |                       |
|        | Name of the Member:  |                | Signature with        |                       |
|        | Name of the Member.  |                | date:                 |                       |

## **Brief of Relevant Experience:**

| A.        | A. Experience of audit in relation to Externally Aided projects/ Social Sector Projects (Excluding the audit of Charitable Institutions and NGOs). |  |                                 |   |   |   |  |
|-----------|--|--|---------------------------------|---|---|---|--|
| S.<br>No. | Name of the<br>Auditee<br>Organization   | Grant-in-aids<br>handled of the<br>auditee<br>organization | Type/Nature<br>of<br>Assignment | Scope &<br>Coverage<br>of the<br>assignment | Duration of<br>Completion<br>of<br>Assignment | Proof of the letter of Work or<br>Assignment awarded by the<br>Auditee Organization (Pl<br>attach a copy of the letter) |  |
|           |  |  |                                 |   |   |   |  |

| B. Experience of audit in Commercial Sector/PSUs etc. |  |  |                           |                                    |   |  |
|---|--|--|---------------------------|------------------------------------|---|--|
| S.<br>No.   | Name of the<br>Auditee<br>Organization | Turnover of<br>the Auditee<br>organization | Type/Nature of Assignment | Scope & Coverage of the assignment | Duration of<br>Completion<br>of<br>Assignment | Proof of the letter of Work o<br>Assignment awarded by the<br>Auditee Organization (Pl<br>attach a copy of the letter) |
|   |  |  |                           |                                    |   |  |

# FORMAT FOR FINANCIAL BID (For State & District level Auditors)

| Item or Activity                                 | Total Amount (in Rupees)      |
|--|-------------------------------|
| AUDIT FEE (Inclusive of TA/DA, and all taxes per | Both in Numeric and in Words. |
| the break up mentioned below)                    | Rs/-                          |
|  | (Rupees).                     |

#### Breakup of the Audit Fee quoted above must be provided as per following format:\*

| S. NO. | Particulars   | Amount |
|--------|---|--------|
| 1      | Audit of State/ District Headquarter and implementing units               |        |
| 2      | Consolidation of Financial Statements of SHS / District Health Societies. |        |
| 3      | Tax   |        |
| 4      | TA/DA   |        |
| 5      | Others, if any  |        |
|        | TOTAL   |        |
|        |   |        |

<sup>\*</sup> To be arrived based on the estimated man days for each category of staff proposed for the assignment.