

Empanelment of Cost Accountants u/s 142(2A) of Income-tax Act, 1961 by PCCIT Gujarat

1. Applicant Name *

Enter a value for this field.


(In case practicing in individual name, please mention the name. Please do not use prefix M/s. Mr/Mrs before the concern name)

2. Status *

- Proprietary concern
- Partnership Firm
- LLP

2a. Registration number (in case of firm/LLP)

2b. Documentary evidence in respect of 2 & 2a above *

Choose File 

(Maximum file size is 2 MB)

3. PAN *

3a. Jurisdictional Assessing Officer details *

4. GST Number *

(for main office located in the areas falling within the territorial jurisdiction of Principal Chief Commissioner of Income Tax, Gujarat)

5. Address of office falling within the territorial jurisdiction of Principal Chief Commissioner of Income Tax, Gujarat *

Address

City/Town

State/Union Territory

PIN Code

5a. Communication Details *

Details

Telephone No. *

Mobile No. *

Fax No.


(Country code not required)

5b. Primary email ID *

5c. Alternate email ID

5d. Website link

5e. Documentary evidence in respect of 5 above *

Choose File 

(Maximum file size is 2 MB)

6. Date of establishment *

dd-MMM-yyyy

Please mention the date in which the proprietorship/firm/LLP was established.

7. Particulars of Proprietor/Partners

	Name of proprietor/partner *	PAN *	Membership Number	Phone number *
#1	<input type="text"/>	<input type="text" value="In capital letters"/>	<input type="text"/>	<input type="text"/>

◀ ▶

7a. Evidence in support of 7 above, along with copy of certificate. *

Choose File

(Maximum file size is 2 MB)

8. Number of Cost Accountants (including partner(s)/proprietor) working continuously for at least last one year as on 31/03/2023 *

8a. Particulars of Cost Accountants

	Name *	PAN *	Membership Number *	Full Time/Part Time *	Date of jo
#1	<input type="text"/>	<input type="text" value="Capital letters"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="dd-MMM-y"/>

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8b. Evidence in support of 8 & 8a above. *

Choose File

(Maximum file size is 5 MB)

9. Number of staff in the concern (including branches), excluding Cost Accountants: *

9a. Evidence in support of 9 above. (Please submit statutory compliance documents like EPF return) *

Choose File

(Maximum file size is 3 MB)

10. Is any disciplinary action by Institute of Cost Accountants of India against you or any partner of your firm/LLP pending? *

-Select-



11. Details of Return of Income filed for last 5 Financial Years *

	Acknowledgement Number *	Returned Total Income (Rs.) *
F.Y. 2022-23 *	<input type="text"/>	<input type="text"/>
F.Y. 2021-22 *	<input type="text"/>	<input type="text"/>
F.Y. 2020-21 *	<input type="text"/>	<input type="text"/>
F.Y. 2019-20 *	<input type="text"/>	<input type="text"/>
F.Y. 2018-19 *	<input type="text"/>	<input type="text"/>

11a. Details of Gross Professional Receipts from cost consultancy/cost audits/internal audits/accountancy in last 5 Financial Years (it should not be less than Rs. 15 lakhs in any 2 out of the 5 F.Ys. between 2018-19 to 2022-23) *

	Receipts from cost consultancy(Rs.) *	Receipts from cost audits(Rs.) *	Receipts from internal audit(Rs.) *
F.Y. 2022-23 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.Y. 2021-22 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.Y. 2020-21 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.Y. 2019-20 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.Y. 2018-19 *	<input type="text"/>	<input type="text"/>	<input type="text"/>



Minimum 5 years of experience in cost consultancy/cost audits/internal audits/accountancy as on 31/03/2023 is required.

11b. Evidence in respect of 11a above *

Choose File



(Maximum file size is 5 MB)

12. Details of having audited cost records of at least one business entity having turnover of Rs. 50 Cr or more in any two out of the last five preceding financial years i.e from 2018-19 to 2022-23

NAME OF
BUSINESS ENTITY * FINANCIAL YEAR * TURNOVER (Rs.) *

12a. Evidence with respect to 12 above *

Choose File



(Maximum file size is 10 MB)

13. Anything else that the applicant may like to submit

(Maximum 500 words)

14. Other minimum eligibility criteria *

1. There should not be any proceedings related to income tax evasion/demand/penalty/ prosecution pending against the applicant proprietary concern or any of the partners of the applicant firm/LLP on the date of application or should not have been held guilty with regard to tax evasion/penalty/prosecution under the provisions of I.T. Act, 1961.
2. The applicant should not have indulged/found indulged in any unethical professional practices; and also should not have been convicted and/or punished under any Central, State or other law.
3. The applicant should not have indulged in any professional misconduct nor should have faced any complaint u/s 21 of the Cost and Work Accountants Act. 1959 for irregularity in cost accountancy before the Institute of Cost Accountants of India.

I/We, the undersigned, as proprietor/partner(s) of ___ submit that the above is true and correct.

The applicant, with regard to the fulfillment of requirements stated at clause (1), (2) and (3) above, shall furnish a notarized affidavit on non-judicial stamp paper of minimum value.

15. Terms and Conditions *

1. Remuneration including expenses of and incidental to any special audit shall be decided on a case to case basis in accordance with Rule 14B of the I.T. Rules, 1962, and shall be paid by the Central Government / Income Tax Department.
2. The empanelment of Cost Accountants shall be made at the discretion of the Income Tax Department and the decision made shall be final. Apart from the above mentioned minimum eligibility criteria; the Income Tax Department reserves the right to consider other relevant factors/inputs/feedbacks etc. while finalizing the list of empanelment of Cost Accountants

I/We, the undersigned, as proprietor/partner(s) of ___ agree to the above Terms and Conditions.

The applicant shall submit duly signed physical copy of this electronically submitted form (without any enclosure except the affidavit) after taking print out of the same.

The form shall be signed by the individual or by the proprietor in the case of sole proprietary concern or by all the partners in case of a firm/LLP, along with their seal and membership number.

The physical copy of the signed application form along with original affidavit shall be submitted either through post or in person to the DCIT(HQ)(Co-ordination), O/o PCCIT Gujarat between 9.30 AM to 6.00 PM on all working days at -

Room No. 202, 2nd Floor, Aayakar Bhavan, Ashram Road, Ahmedabad-380009.

The duly signed physical copy of the electronically submitted form along with original affidavit shall reach the above office on or before 19/01/2024 by 6.00 PM.

I/We, the undersigned, as proprietor/partner(s) of ___ do hereby declare that the particulars as given above are as on the date of application complete and correct in all respects to the best of our knowledge and belief. I/We hereby declare that no separate application for any of our branches concern having common partner or in individual name has been made.

Review

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