



EOI:- BPPI/FINANCE- 001/2018

Expression of Interest for Stock Audit

To

**Bureau of Pharma Public Sector Undertakings of
India (BPPI)**

For the year 2018-19



BUREAU OF PHARMA PUBLIC SECTOR UNDERTAKINGS OF INDIA

(Set up under the Department of Pharmaceuticals, Govt. of India)

8th Floor, Videocon Tower, Block E1,
Jhandewalan Extension, New Delhi-110055
Telephone: 011- 49431800/49431809/49431825

Website: janaushadhi.gov.in

Expression of Interest from Chartered Accountant Firms, Having Experience in internal Audit, Stock Audit, Branch Audit, For stock Audit of BPPI for the financial year 2018-19.

1. BPPI invitees "Expression of Interest" from reputed and experienced Chartered Accountant Firms in the prescribed format for appointment of Internal Auditors for the F.Y 2018-19 for Audit of Expiry Stock of BPPI.
2. The Expression of Interest should be submitted in the office of the undersigned by Hand or Courier or speed / Registered post on or before 14-06-2018 in the prescribed format. EOI received after the prescribed date will not be entertained.
3. Scope of Audit work – Expiry Stock Audit in Gurugram –CWH.
4. BPPI reserve the right to reject any or all the offers without assigning any reason thereof.
5. Interested applicant is hereby requested to submit their application at following addresses CEO, Bureau of Pharma PSU's of India, 8th Floor, Videocon Tower, Jhandewalan, New Delhi -110 055.

Scope of Internal Auditor for the F.Y 2018-19

1. Verify Expiry Stock inventory at CWH –Gurugram.

APPLICATION FORM

Expression of Interest for Appointment of Chartered Accountant Firms, having experience in internal audit in Pharma sector, for stock audit of BPPI for Financial Year 2018-19.

Status of Firm Partnership Sole Proprietorship

1. (a) Name of the firm/organization (in Capital letters) _____
(b) Address of the Head Office _____
(Please also give telephone no. _____
And E-mail address): _____
(c) PAN of the firm/organization _____
(d) TAN of the firm/organization _____
2. Institute registration No. _____ Region Name _____ Region Code No. _____
3. (a) Date of constitution of the firm/organization _____
Date since when the firms has a full time FCA / FCMA: _____
4. Full-Time Partners of the firms as on 01.04.2018 _____
5. Numbers of part Time Partners/others if any, as on 01.04.2018 _____
6. Number of full Time C.A./C.M.A. Employee as on 01.04.2018 _____
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. No. Branches _____

9. Address of Branch with E-mail & telephone No. _____

10. Copy of Profile of the firm.

11. Professional Fees _____