



शिक्षा का अधिकार



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## Haryana School Shiksha Pariyojna Parishad

(Regd. Under Societies Registration Act, 1860)

### "Expression of Interest"

#### **Appointment of Chartered Accountant firms for Statutory Audit of Samagra Shiksha , Haryana for the financial year 2022-23**

Expression of interest is invited from Chartered Accountant firms (Partnership/Sole proprietorship firms with one full time FCA for conducting statutory audit of Samagra Shiksha including Elementary, Secondary & Teacher Education for the financial year 2022-23. Audit of Head Office, 22 districts, BRC, CRC, 1/3<sup>rd</sup> School Management Committees (SMC-14355 & SMDC-3280) receiving grant of more than Rs.1.00 Lac per head under Samagra Shiksha –Elementary, Secondary & Teacher Education is to be carried out.

The CA firms should have minimum standing of 10 years with adequate staff; turnover of Rs.100 lacs during preceeding 3 years; empanelled with CAG of India. Eligible firms may apply alongwith detailed Bio Data & Balance Sheet of the firm of last 3 years. Please quote the rate of consolidated audit fees for Samagra Shiksha in the separate envelop.

The application form eligibility criteria, TOR and other documents may be downloaded from website [www.hsspp.in](http://www.hsspp.in). application may be deposited alongwith fee of Rs.2000/- (non-refundable) in the shape of Demand Draft in favour of State Project Director, HSSPP, Panchkula payable at Panchkula. Application form complete in all respect must reach to Controller (Finance & Accounts), O/o State Project, Sector-5, HSSPP, Panchkula within 30 days from the date of publication of advertisement. Applications received thereafter will not be entertained.

Sd/-

**State Project Director**

Haryana School Shiksha Pariyojna Parishad

*Project*

**APPLICATION FORM FOR THE EXPRESSION OF INTEREST FOR SHORT LISTING  
CHARTERED ACCOUNTANT FIRMS FOR THE AUDIT OF THE ACCOUNTS OF SAMAGRA  
SHIKSHA**

Status of Firm      Partnership       Sole proprietorship

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. (a) Date of constitution of the firm : \_\_\_\_\_  
 (b) Date since when the firm has a Full time FCA : \_\_\_\_\_

4. Full Time Partners /Sole Proprietors of the firm as on 01.04.2017 (Please fill up Annex A-1)

Sr. No.	Years of continuous association in 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		

5. Number of Part Time Partners if any, as on 01.04.2017 : \_\_\_\_\_  
 (Please fill up Annexure A-2)

6. Number of full time Chartered Accountant employees as on 01.04.2017 (Please fill up Annexure A-3) : \_\_\_\_\_

7. Number of audit staff employed full time with the firm  
 (a) Articles /Audit Clerks : \_\_\_\_\_  
 (b) Other Audit Staff (with knowledge of book keeping & Accountancy) : \_\_\_\_\_  
 (c) Other Professional Staff (Please Specify) : \_\_\_\_\_

8. Number of Branches (Please fill up Annex-B) : \_\_\_\_\_

*Kishor*

	PSU/autonomous body	Companies in Private Sector	Banks
9. Fees earned by the firm from April 2017 to March 2022 in respect of :			
(i) Statutory/Branch Audit/6 monthly audit review			
(ii) Internal/Concurrent Audit			
Total (i) and (ii) above			
10. Whether the Firm is engaged in any internal /concurrent audit or any other services of any Government Companies /Corporations etc. if yes, details may be given in Annex 'C'		Yes/No	
11. Whether the firm is implementing quality control Policies and procedures designed to ensure that all audits are conducted in accordance with Statements on Standard Auditing Practices (SAP 17)		Yes/No	
(if yes, a brief note on the procedure adopted is to be given)			
12. Whether there are any court /arbitration /any other legal case against the firm (if yes, give a brief note of the case indicating its present status).		Yes/No	
14. Financial Bid (In separate envelop) (As per annexure D)			

(Authorized Signatory)  
Seal of the Firm

Place :  
Date :  
Enclosures : ..... Pages

*Kspach*

**SECTION-B  
UNDERTAKING**

I /We the sole proprietor /following partners of M/s....., Chartered Accountant 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 has been suppression of material information, the firm would not only stand disqualified from allotment but would be liable for disciplinary action under the Chartered Accountants Act, 1949 and the regulations framed thereunder;
- (ii) that the firm, proprietor or partners has not been debarred or cautioned by ICAI during the last three year, (if debarred, give details);
- (iii) that individually we are not engaged in practice otherwise or in any other activity which would be deemed to be in practice under Section 2 (2) of the Chartered Accountants Act, 1949;
- (iv) that the constitution of the firm as on 1<sup>st</sup> January of the relevant year shown in the Expression of Interest is same as that in the constitution certificate issued by the ICAI.

S.No.	Name of the partner /sole proprietor	Membership Registration No.	PAN No.	Dates of payment of the fees for the relevant year____ A/B*	Signature of partner /sole proprietor

(Seal of the Firm)

- \*A For membership
- B For issue of certificate of practice.

(Authorized Signatory)  
Seal of the Firm

Place:  
Date:  
Enclosures: \_\_\_\_\_ Pages

For Office Use only

Whether firm has done

- (a) Statutory /Branch Audit
- (b) Internal/Concurrent Audit

Yes/No

Checked by

Verified by

Date updated by

*K. K. Acharya*

(Annexure A-1)

1. Firm's Name.....

Details of Full Time Partners /Sole Proprietor of the Firm (Please refer to Sr. no. 4 of the Expression of Interest Formats)

S.No.	Name of the Partner /sole proprietor	Membership No.	Whether FCA /ACA	Date of joining the firm (full time)	Date of becoming FCA	Station & Region where residing at present	Whether acknowledgement of Income Tax return for the relevant year <u>Attached</u> Yes/No	Whether has ISA (Information system Audit/CISA or any other equivalent qualification (specify the qualification)*

\*If yes, please attach a copy of the certificate.

(Annexure A-2)

Details of Part- time Partners of the Firm (Please refer to Sr. no. 5 of the Expression of Interest Formats)

Name of the Partners	Membership No.	Whether FCA /ACA	Date of becoming FCA	Date of joining Partnership	No. of other firm in which he is partner	Whether practicing in his own name also Yes/No	Whether employed elsewhere (Y/N)	Whether has ISA (Information system Audit/CISA or any other equivalent qualification (specify the qualification)*

\*If yes, please attach a copy of the certificate.

*Chakraborty*

**(Annexure A-3)**

Details of full time Chartered Accountant Employees (Please refer to Sr. no. 6 of the Expression of Interest Format)

S.No.	Name	Membership No.	Whether FCA /ACA	Date of joining the firm as full time employee	Whether has ISA (information system audit/CISA or any other equivalent qualification* (specify the qualification)	Signature of the employee

\*If yes, please attach a copy of the certificate.

**(Annexure A-4)**

Details of partners and full time Chartered Accountant Employees of the firm included this year and not shown in Annex A-1, A-2 & A-3 above.

S.No.	Name	Membership No.	Whether Full time partner /Part time partner /Full time CA employee

\*If yes, please attach a copy of the certificate.

**(Annexure-B)**

Particulars of Branches (including foreign branches, if any)

S.No.	Station at which located	Complete address with PIN Code & Telephone No.	Name of the Partner Incharge of the branch	Date of opening of the branch	Region	Whether included in last year application (Yes/No)

**(Annexure -C)**

Details of internal audit work /any other accounting work of Public Sector Undertaking in hand with the firm (Please refer to Sr. no. 10 of the Expression of Interest Format)

S.No.	Name of the PSU /Unit	Name of assignment	Year of appointment

(Authorized Signatory)

*Chakraborty*

Seal of the Firm

(Annexure -D)

S.No.	Financial Bid	Consolidate Rate (In Rs.)
1.	Audit fees for Samagra Shiksha (Elementary, Secondary & Teacher Education) including HQ, 22 Districts, BRC/CRC/ 1/3 <sup>rd</sup> SMC's (14355 nos.) & 3280 SMDC's (3280 no.s)	

Place :  
Date :

*Chakraborty*

**Selection of Chartered Accountant firms for the audit of  
Samagra Shiksha Accounts**

Expression of Interest is invited from Chartered Accountants firms (Partnership / Sole proprietorship firms with one full time FCA) in the prescribed format for short listing for the engagement of audit of the accounts of Sarva Shiksha being implemented in the state of Haryana as per the enclosed Terms of Reference.

1. The last date for receipt of expression of interest in the specified format is \_\_\_\_\_. Incomplete formats / format received after the prescribed last date will not be entertained.
2. The term full time partner / CA employee does not include those persons [Partner / sole] who are: -
  - (i) Partners in other firms
  - (ii) Employed part-time / full-time elsewhere, practicing in their own name or engaged in practice otherwise or engaged in any other activity which would be deemed to be in practice under section 2 (2) of the Chartered Accountants Act, 1949.
  - (iii) Partners who have earned more professional income from other sources than their income from the firm.

Similarly, the full time Sole Proprietor does not include a person who is a partner in other firms or is employed elsewhere or otherwise engaged in any other business / activity as mentioned above. Accordingly, a person who is a partner / employee in another firm, should not apply in his capacity as Sole Proprietor.

3. The expression of interest must be submitted in the prescribed format given in the attachment. Only the Expression of Interest in the prescribed format accompanied with all requisite documents would be considered.
4. All firms are required to enclose the following documents along with the expression of interest.
  - (i) A copy of constitution certificates of firm issued by the ICAI containing inter-alia. Date of formation of the firms with a full time FCA
    - (a) Details of partners / Sole Proprietor / CA Employees as on 1<sup>st</sup> January of the relevant year, date of joining the firm, date of becoming FCA, their other interest, if any.
  - (ii) A copy of the latest partnership deed in the case of partnership firms.
  - (iii) A copy of the acknowledgement of the IT return of the firm and of all full time partners / the Sole proprietor for the relevant assessment year 2022-23 and a copy of computation of income of full time partners / Sole proprietor.

**Note:** Full time partners joining the firm on or after 1<sup>st</sup> January of the relevant year and firms constituted on or after this period should submit their latest available acknowledgement of IT return / computation statement.
  - (iv) A copy of financial statement of the firm along with schedule for the preceding financial year 2021-22.
  - (v) Details of court cases / arbitration cases / or any other case pending against the firm.

K. S. G. N.

5. Details of audit experience of the firm for preceding 5 years in the following proforma.  
(Only assignments which carry a fee of Rs. 25000/- and above should be mentioned).

Name of the area/sector	Name of the company/body audited (a) Society/PSU/autonomous body (b) Companies in private sector (c) Banks (d) Social Sector Programmes / Projects (e) Externally aided social sector projects (f) Education Projects / Programmes	Years of audit e.g	Fees charged for each of the assignments in each year	Nature of audit assignment viz. statutory audit/or branch audit	Nature of special assignment	Name of the full time partner who supervised the audit or signed the financial and who is still working in the firm.

6. The Expression of Interest must be delivered by post (in a sealed envelope)/or by hand in the office of the **State Project Director, HSSPP, SHIKSHA SADAN, SECTOR-05, PANCHKULA**. The Expression of Interest must be addressed to :

The State Project Director,  
Samagra Shiksha,

**HARYANA SCHOOL SHIKSHA PARIYOJNA PARISHAD  
SHIKSHA SADAN, SEC-05, PANCHKULA**

7. Suitable weightage will be given to firms, which are implementing quality control policies and procedures as provided in statements on Standard Auditing Practices (SAP 17). A brief note on the procedures adopted by them is to be given by the firms for this purpose. (Please refer to Sr.no. 11 of the Expression of Interest format).

8. Please indicate: -

The particulars of specialisation gained by the firm in audit of

- (i) EDP systems  
(ii) IT assisted audit  
(iii) Any other important special assignments etc in the following format

Sr.no	Description of specialisation	Specify nature of assignment, if other than audit	Name of the organization	Name of the partner/sole proprietor who handled this assignment	Whether partner/sole proprietor mentioned in is still with the firm (Y/N)

9. All full time partners / sole proprietor should invariably sign the undertaking appended as section B to the Expression of Interest. Similarly, all the full time Chartered Accountant employees of the firm should sign in the column provided at Annex A-3 to the format.

*Kishor*