No.F.A.R. (Audit) /RCS/2017-18/ 119

Dated:- 23/01/2018

To,

The Director,
Dte. of Information & Publicity,
Govt. of NCT of Delhi,
Old Secct., Delhi.

Sub.: Public Notice for Empanelment of Chartered Accountants.

Sir,

I am directed to forward herewith a copy of notice in English for publishing the same in the newspapers for inviting applications from CA/CA firm regarding empanelment of their names in the department for preparation of panel. The notice may be published in 2 newspapers (One in English namely The Hindustan Times & one in Hindi namely The Navbharat Times).

It is requested that the Hindi version of the notice may be arranged at your own and management of the concerned newspapers may be directed to publish the notice on 27.01.2018 positively. The bill of notice duly verified by DIP may be forwarded to this office for payment.

(TANUJ BHANOT)
Assistant Registrar (Audit)

No.F.A.R. (Audit) /RCS/2017-18/ 121-124

Dated:- 23/01/2018

Copy to:

1. The Chairman, Northern Regional Council of the Institute Accountant of India, ICAI Bhawan, 5th Floor, Annex, Indraprastha Marg, New Delhi with the request to place the notice on the notice board of the institute and to publish the same in the news letter for giving it publicity to all intending CA/CA firms.

2. The Asstt. Director, Computer Cell, O/o RCS, parliament Street, New Delhi, with the direction to place the same on the site of RCS, Under IMPORTANT NOTICE/CIRCULAR.

3. Accounts Officer, Accounts Branch, O/o RCS, Parliament Street, New Delhi

4. Guard File.

5. Notice Board.

(TANUJ BHANOT)
Assistant Registrar (Audit)
OFFICE OF THE REGISTRAR
COORDERATIVE SOCIETIES
Government of National Capital Territory of Delhi
Parliament Street, New Delhi

AUDIT BRANCH

NOTICE

Inviting Application From CA/CA firms for Empanelment of their Names as Auditor in the Office of RCS, for Conducting the Audit of the Societies Registered with the Department.

Applications in the prescribed format are invited from eligible CA/CA firms having Head Office/Principal Office in Delhi/New Delhi, for preparation of a fresh panel of the auditors likely to be authorised to conduct the audit of the cooperative societies registered with the office of Registrar Cooperative Societies, Government of NCT of Delhi. The panel has to be prepared for a period of 3 years i.e. for the financial year 2018-19 to 2020-21. The basis of revised norms available on the web site of the department.

Prescribed application forms may be downloaded from the website of the department i.e. http://rsc.delhigovt.nic.in.

Application form complete in all respect should reach the office of the Assistant Registrar (Audit), Audit Branch, Room No.15, Parliament Street, New Delhi-110001 latest by 28.02.2018 (6.00 P.M.) along with following documents and application fee receipt of Rs. 100/-.

1. Certificate of registration of firms as Chartered Accountants from the office of the Institute of Chartered Accountant of India, New Delhi issued on or after 01.01.2014 along with a certificate of no change in the constitution till date.

2. Constitution certificate of the firm with full details of all the partners, if any including partnership details with any other CA firms.

3. There should not be any common partner/CA in the firms which intend to apply for empanelment.

(Registrar Cooperative Societies)

J.B. SINGH
Srgt.-Gen. Registrar
Registrar-Co-operative Societies
Govt. of NCT of Delhi
Old Court Building, Parliament Street
New Delhi-110001
रक्षा मन्त्री सहकारी समितियों का कार्यालय
राष्ट्रीय सहकारी केंद्र दिल्ली सरकार
पंजाबियन सुरक्षा, नई दिल्ली
अड्डे खाता

किए गए प्रदीपकृत समितियों के अड्डे खाता का कार्यालय को लिए आवेदित कार्यालय में अड्डे खाता को कौन से दिनों नामों के संगठन हेतु शीर्ष/क्षेत्र फंदों से आवेदन अभावत रहता है।

रक्षा मन्त्री सहकारी समितियों का कार्यालय राष्ट्रीय सहकारी केंद्र दिल्ली सरकार है। रक्षा मन्त्री सहकारी समितियों के अड्डे खाता के कार्यालय को लिए अवैधता फंदों नामों के प्रभाव में नये फंदो के मामले हेतु दिल्ली/नई दिल्ली में अवधि कार्यालय/पुरुष सहकारी फंदों प्रभाव में प्राप्त ट�知 हेतु दिल्ली/नई दिल्ली राजस्व कार्यालय के लिए अवधि प्राप्त में अववेदन अभावत हैं। नये फंदो के मामले हेतु आवेदन की जवाबदेह विधि 2018-19 से 2020-21 तक के लिए किया जाता है। शीर्ष/क्षेत्र फंदो का विवरण आवेदन की रेखांकन कल्पना के अनुसार प्रदीपकृत समितियों के आवागमन पर किया जाएगा।

आवेदन प्राप्त किए गए प्रदीपकृत की रेखांकन http://rds.delhigovt.nic.in के बारे में सुझाव दिया जा सकता है। निकायों के उद्देश्य और से 100/- तक आवेदन पहुंच से हेतु, दिल्ली/नई दिल्ली में पुरुष सहकारी कार्यालय के लिए राजस्व कार्यालय के लिए अवधि आवेदन की जवाबदेह है।

1. अनेक तक संगठन में परिवर्तन नहीं होने के कारण 01.04.2018 से अपने अन्य तक संगठन का नाम इलेक्ट्रॉनिक और फंदो के अवधि आवेदन क्रम के रूप में अपने के हेतु अवधि कार्यालय का प्रभाव रहेगा।

2. अपने अन्य तक संगठन के लाभ पर विवाद से हेतु, सभी प्रणालियों पर आवेदन में अपने कोई हो सके अनेक निर्देश प्रभाव का प्रभाव रहेगा।

3. जो कार्य पेपल में अपने की इमारत है, उनके कोई कोई पार्टनर/शीर्ष/क्षेत्र नहीं होना चाहिए।

जब सिंह
भारत सरकार अड्डे खाता
अड्डे खाता, दिल्ली-110001
 नई दिल्ली

J.B. SINGH
Chief Secretary
Oyo Rajya Pratibhajee Khand, Govt of Delhi
Old Court Building, Pahar Ganj, New Delhi-110002

FORM OF APPLICATION FOR EMPANELMENT OF AUDIT FIRMS
INFORMATION AS ON (DATE) 

(Firms having Head office or Principal office in the NCT of Delhi only, are eligible to apply for Empenalment)
**Form of Application for Empanelment**

1. **Concern Name**

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

2. **Status**

   - 0: Sole Proprietorship Concern/Individual
   - 1: Partnership Firm

3. **Firm Registration No.** (To be given in the case of a sole proprietorship concern/Partnership firm. See also Note No. 1 at the bottom of this page)

4. **P.A.N. /G.I.R. No.**

5. **Service-Tax Registration No.** (See also Note No. 2 at the bottom of this page)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Service Tax Registration No.</th>
<th>Place where Registered under the Service Tax Act</th>
</tr>
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</table>

6. **Address** (See Note No. 3 at the bottom of this page)

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<tr>
<th>State/ U.T.</th>
<th>Pin</th>
<th>Telephone No.</th>
<th>FAX NO.</th>
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*Tick appropriate Box

**Notes:**

1. Firm Registration No. of every sole proprietorship concern/partnership firm appears in the entry relating to the firm in the list of firms published by the Institute.
   *In the case of a member practicing in individual name, please mention “N.A.”*

2. Details of Service Tax Registration No. are required to be filled up for Head Office as well as for Branch Office (s) also.

3. If full address, name of town, pin code, and district is not filled in properly, the application is liable to rejection.

4. Members/Firm are required to fill-up their name, Address and Town in CAPITAL LETTERS ONLY.
7. Year of Establishment

(Please mention the year in which the firm was established. In case of individuals, the year of obtaining Certificate of Practice should be mentioned.)

8. Particulars of Partners/Sole Proprietor (Please fill up Annexure A)

9. Number of paid chartered accountant employees in the concern
   Full Name_____________________________________________
   Part Time_____________________________________________
   Total_______________________________________________
   (Please fill up Annexure B)

10. Number of unqualified audit staff in the concern:
   (a) Audit clerks _________________________________________
   (b) Articled clerks _______________________________________
   (c) Other audit staff (Excluding administrative staff)__________
   Total_________________________________________________

11. Experience in Audit of Co-operative Sector in Delhi
   (a) Co-op Societies ______________________________________
   (b) Co-op Bank _____________________________
   (c) Other _____________________________

   (Experience of Last three years needs to be mentioned)

12. Disciplinary proceedings pending against any partner/Proprietor (Yes/No), if yes

<table>
<thead>
<tr>
<th>Name of Proprietors/ Partners</th>
<th>Membership No.</th>
<th>Brief Descriptions</th>
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<tbody>
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<td>(1) __________________________</td>
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<td>(2) __________________________</td>
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I/We, the undersigned, as Proprietor / Partners of M/s ____________ or as individual do hereby declare that the particulars as given above including in Annexure A & B are complete and correct in all respect to the best of my/our knowledge and belief. I/we further recognize that if any of the statements made therein or information furnished in the application form is not correct, I/We would be liable for disciplinary action under the Chartered Accountants Act, 1949, and Regulations framed thereunder.

I/We hereby declare that audit/other assignment allotment on the basis of information furnished in the application form will not be accepted and carried out if the firm in whose name the application is made is not in existence at the time of allotment.

I/We declare that the constitution of the firm as on ____________ (date) shown in the application is the same as that in the construction certificate issued by the ICAI as on ____________ (date) in Case of any change, the details are given below with a separate note.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Partner/Proprietor/Individual</th>
<th>Membership No.</th>
<th>PAN No.</th>
<th>Signature</th>
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Date ____________

Place ____________

*1. The declaration should be signed by the individual, or by the proprietor in the case of a sole proprietary concern, and by all the partners in the case of a partnership firm.
2. The signatures should correspond to those in the Institute’s records.

**Change in Status of the firm**
ANNEXURE A

Details of Partners/Sole Proprietor of the Concern
(In case a member practicing in individual name, particulars of such member to be given)

<table>
<thead>
<tr>
<th>Name</th>
<th>Membership No.</th>
<th>PAN/GIR No.</th>
<th>Whether</th>
<th>Whether Main Occupations is practice</th>
<th>Whether partner/proprietor/paid employee in any other concern</th>
<th>Whether partner was previously full time employee of the applicant firm</th>
<th>Date of joining the firm as a partner/proprietor</th>
<th>Date of leaving</th>
<th>Whether association with the firm is only occupation</th>
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<td>Yes</td>
<td>No</td>
<td>If Yes, Please Provide</td>
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TOTAL

* TICK THE APPROPRIATE BOX
Please give member number only, and not the region code (such as 100/200/300/400/500)
**ANNEXURE-B**

**Details of Paid Chartered Accountant Employees in the Concern**

<table>
<thead>
<tr>
<th>Name</th>
<th>Membership Number</th>
<th>Date of Joining the Firm</th>
<th>Whether</th>
<th>ARE THEY IN SERVICE ON</th>
<th>WHETHER PARTNER/PROPRIETOR/PART-TIME EMPLOYER IN OTHER CONCERN</th>
<th>SIGNATURE²</th>
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<td>DD MM YYYY</td>
<td>ACA</td>
<td>FCA</td>
<td>Full Time Basis</td>
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**TOTAL**

* TICK THE APPROPRIATE BOX

1. Please give membership number only and not the region code (such as 100/200/300/400/500)
2. The signatures should correspond to those in the institute's records
ACKNOWLEDGEMENT

Received Bio-data / application form from M/s ____________________________
on __________________________ entered at sr.no. ____________________________

Signature of receipt clerk