

Response Format
(On the letter head of the Firm)

To,

The Superintending Engineer (E),
Arunachal Pradesh Electrical Circle - 1,
Department of Power,
Naharlagun.

Sub: - **Expression of Interest (EOI) for selection of Chartered Accountant for conducting audit of the accounts of the APDA.**

Sir,

Having examined the Expression of the Interest (EOI), I/We, the undersigned, intend to submit a proposal in response to the Expression of Interest (EOI) for selection of Chartered Accountant for conducting audit of the accounts of the APDA.

I/We, attach hereto the response as required by EOI, which constitutes our proposal, contact details of the firm are:

Name	
Designation	
Mailing Address	
Phone No. (Landline)	
Mobile No.	
Fax No.	
E-Mail Address	

I/We, confirm that the information contained in this response or any part thereof, including its exhibits, and other documents and instruments delivered or to be delivered to the Superintending Engineer (E), APEC-I, DoP, Naharlagun are true, accurate, verifiable and complete. This response includes all information necessary to ensure that the statements therein do not in whole or in part mislead the department in its selection process.

I/We, fully understand and agree to comply that on verification, if any, of the information furnished here is found to be misleading the selection process, I/We are liable to be dismissed from the selection process or termination of the engagement during the project, if engaged to do so.

I/We, agree for unconditional acceptance of all the terms and conditions set out in the EOI document.

It is hereby confirmed that I/We are entitle to act on behalf of the firm and empowered to sign this document as well as such other documents, which may be required in this connection.

Date:

Place:

Signature

Name:

Designation:

ICAI Membership No.

Expression of Interest (EOI) for selection of Chartered Accountant for conduction audit of the accounts of the APDA

Status of the Firm Partnership Sole Proprietorship

- 1) a) Name of the Firm (in CAPITAL letters) : _____
 b) Address (with telephone & e-mail) : _____

 c) PAN No. of the Firm : _____
- 2) a) ICAI Registration No. : _____
 b) Region Name : _____
 c) Region Code : _____
- 3) Date of constitution of the Firm : _____
- 4) Date since when the Firm has a full time FCA : _____
- 5) Full-time partners/Sole Proprietor of the firm as on 31.12.2020.

Sl. No.	Years of continuous association with 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 year or above		

Please attach the copy of Firms Constitution Certificate issued by ICAI as on 31.12.2020.

- 6) Number of part time partners, if any as on 31.12.2020. : _____
- 7) Number of full time Chartered Accountant, if any as on 31.12.2020. : _____

- 8) Number of audit staff employed full time
- a) Articles / Audit Clerks : _____
- b) Other audit staff : _____
(with knowledge of book keeping and accountancy)
- c) Other professional staffs (please specify) : _____
- 9) Number of Branches if any : _____
(please mention places & locations)
- 10) Whether the firm is engaged in any internal or external audit or any other services providing to any Govt. Company / Corporation or Co-operation institutions etc. : Yes / No
(If yes, details may be given on separate sheet)
- 11) Whether the firm is implementing quality control policies and procedures designed to ensure that all audit are conducted in accordance with statements on standard auditing practices. : Yes / No
(If yes, a brief note on the procedure adopted is to be enclosed)
- 12) 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 present status)
- 13) VAT / Professional Tax / Income Tax Clearance Certificate as on 31.12.2020 : _____
(furnish copy of documents)
- 14) Audit report for last 5 (five) financial year issued by the competent authority : _____
(furnish copy of the report)
- 15) Whether the firm is / was earlier engaged in Power / Electrical Department audit work at any level : Yes / No
(If yes, furnish documentary evidence)
- 16) Whether the firm is / was earlier engaged in any Govt. Department / Public Sector undertaking for not less than 5 (five) years : Yes / No
(If yes, furnish documentary evidence)

17) Details of audit experience of the firm for the last 5 (five) years.

Name of the areas / Sector	Name of the a) Govt. Deptt /PSU/ Autonomous Body b) Societies c) Social Sector Programmes /Projects d) Central Govt. sponsored projects	Year of audit 2019-20 2018-19 2017-18 2016-17 2015-16	Fees charged for each of the assignments in each year	Nature of audit assignment	Nature of special assignment	Name of the full time partner who supervised the audit or signed the financial statements and who is still working in the firm

Copy of work order / engagement letter may be furnished in support of working experience.

UNDERTAKING

I / We do hereby declare that the above mentioned information are true and correct and I / We also undertake to abide the terms and conditions of the contract and would make compliance of terms laid down in the contract if executed by us with the APDA / Department of Power, Government of Arunachal Pradesh.

Date:

Place:

Signature:

Name:

Designation:

Firms Seal:

ICAI Membership No:

CERTIFICATE AS TO AUTHORIZED SIGNATORY

I, _____ the Secretary / President
of _____ do hereby certify that
Mr. / Mrs. _____ who signed the
Expression of Interest is / are authorized to do so and bind the Firm by authority of the Firm.

Date:
Place:

Signature

Name:

Designation:

ICAI Membership No.

PRICE BID SCHEDULE

Inviting Authority: Superintending Engineer (E), APEC-I, Department of Power, Naharlagun			
Name of Work: Audit by Chartered Accountant for APDA Office, Itanagar (A.P)			
Bidder Name:			
Sl. No.	District	Award Cost (Rs. In Lakhs)	Quoted amount including all Taxes & Duties
A	APDA Office, Itanagar (A.P)		
	Sub Total: A		

Date:

Place:

Signature

Name: Designation & Seal