

**OFFICE OF THE REGISTRAR COOPERATIVE SOCIETIES
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
PARLIAMENT STREET, NEW DELHI
AUDIT BRANCH**

No. F.-A.R.(Audit)/Panel/2013-14/

Dated:-

To,

The Director,
Dte. of Information & Publicity,
Govt. of NCT of Delhi,
Old Sectt., 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 firms 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 05/09/2014 positively. The bill of notice duly verified by DIP may be forwarded to this office for payment.

Yours faithfully,

Encl: As above.

/

(Ashok Kumar Navet)
Asstt. Registrar (Audit)

No. F.-A.R.(Audit)/Panel/2013-14/ 637

Dated:- 03/09/14

Copy forwarded to the following for information and further necessary action:-

1. The Chairman, Northern India Regional Council of the Institute of Chartered Accountant of India, ICAI Bhawan, 5th Floor, Annexe, 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. Programmer, Computer Cell, O/o the 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 the RCS, Parliament Street, New Delhi.
4. Guard file.
5. Notice Board.

UDC
Programmer (Comp cell)
03/09/2014
early pl.

/

(Ashok Kumar Navet)
Asstt. Registrar (Audit)

**OFFICE OF THE REGISTRAR COOPERATIVE SOCIETIES
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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 Coop. Societies, Govt. of NCT of Delhi. The panel has to be prepared for a period of 3 years i.e. for the financial year 2014-15 to 2016-17. The categorization of CA/CA firms has to be made on the basis of revised norms available on the website of the department.

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

Application form completed in all respect should reach in the O/o the Asstt. Registrar (Audit), Audit Branch, Room No. 15, Parliament Street, New Delhi-110001 latest by 30/09/2014 (6.00 P.M) along with following documents and application fee receipt of Rs. 100/-.

1. Certificate of registration of firms as Chartered Accountant from the O/o the Institute of Chartered Accountant of India, New Delhi issued on or after 01/04/2014 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.

Sd/-
(REGISTRAR COOPERATIVE SOCIETIES)

OFFICE OF THE REGISTRAR COOPERATIVE SOCIETIES, GOVERNMENT OF N.C.T. OF DELHI, OLD COURT'S BUILDING,
PARLIAMENT STREET, NEW DELHI-110001

FORM OF APPLICATION FOR EMPANELMENT OF AUDIT FIRMS
INFORMATION AS ON (DATE) 01-04-2014.

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

7. Year of Establishment

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(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

Name of Proprietors/ Partners	Membership No.	Brief Descriptions
(1) _____	_____	_____
(2) _____	_____	_____

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 from is not correct, I/We would be liable for disciplinary action under the Chartered Accountants Act, 1949, and Regulations framed there under:-

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.

S. No.	Name of Partner/Proprietor/Individual	Membership No.	PAN No.	Signature

Date _____

Place _____

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- *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- B

Details of Paid Chartered Accountant Employees in the Concern

Name	Membership Number ¹	Date of Joining the Firm			Whether		ARE THEY IN SERVICE ON		WHETHER PARTNER/ PROPRIETOR/PART-TIME EMPLOYEE IN OTHER CONCERN.		SIGNATURE ²
		DD	MM	YYYY	ACA	FCA	Full Time Basis	Part Time Basis	YES	NO	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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

TERMS AND CONDITION FOR CATEGORISATION OF CA FIRM

1. That the head office of the CA/CA firm should be in Delhi/New Delhi.
2. That a certificate of registration of firm as Chartered Accountants from the office of the Institute of Chartered Accountants of India , New Delhi issued on or after 01.04.2014 along with a certificate of no change in the constitution till date may be annexed with the application form.
3. That a constitution certificate of the firm with full details of all the partners , if any including partnership details with any other CA firms may be annexed with the application form.
4. All single FCA may be categorise as category E.
5. All ACA may be categorising as category F.
6. The option exercised by the applicant firm may be considered and taken in to account so that the firm with common partner are eliminated.
7. Where the firm has fail to exercise their option, higher category firm may be retained.
8. The Audit firm, which have been black listed /struck off earlier, may not be included in the panel.
9. The incomplete applications, application received prior to the date of notice or after due date may not be consider for empanelment and the same may be rejected.

CATEGORY	NORMS OF CATEGORIZATION OF CA/CA FIRMS/LIMIT
A.	5 fellow and at least 2 partners having experience of more than 10 years. NO LIMIT
B.	3 fellow and at least 2 partners having experience of more than 10 years. Below Rs. 5.00 Crore.
C.	2 fellow and at least 1 partners having experience of more than 10 years. Below Rs 3.00 Crore
D.	2 fellow and at least 1 partners having experience of more than 5 years. Below Rs 2.00 Crore
E.	Single FCA Below Rs 1.00 Crore
F.	All Associates CAs. Below Rs 50.00 lacs.