

**OFFICE OF THE REGISTRAR COOPERATIVE SOCIETIES
GNCT OF DELHI, OLDCOURT, BUILDING
PARLIAMENT STREET NEW DELHI-110001**

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 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 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, 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. 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)

G.M.
23/1/18

DA computer to upload

057/u
25/01/18

सहायक पंजीयक (लक्षा पश्चात्) / सहायक पंजीयक (लक्षा पश्चात्)
कार्यालय पंजीयक, सहकारी समितियां / सहायक पंजीयक, सहकारी समितियां
राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार
बंगला मार्ग, नई दिल्ली-110001

OFFICE OF THE REGISTRAR COOPERATIVE 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://rcs.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 Accountant 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
Secy.-cum-Registrar
O/o Registrar Co-operative Societies
Govt. of N.C.T. of Delhi
Old Court Building, Parliament Street
New Delhi-110001

रजिस्ट्रार सहकारी समितियों का कार्यालय
राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार
पार्लियामेंट स्ट्रीट, नई दिल्ली
ऑडिट शाखा

सूचना

विभाग से पंजीकृत समितियों के ऑडिट संचालन के लिए आरसीएस कार्यालय में ऑडिटर के रूप में उनके नामों के मनोनयन हेतु सीए/सीए फर्मों से आवेदन आमंत्रित हैं।

रजिस्ट्रार सहकारी समितियों का कार्यालय, राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार से पंजीकृत सहकारी समितियों के ऑडिट के संचालन के लिए अधिकृत किये जाने के संभावित नये पैनल की तैयारी हेतु दिल्ली/नई दिल्ली में प्रधान कार्यालय/मुख्य कार्यालय रखने वाले योग्य सीए/सीए फर्मों से निर्धारित प्रारूप में आवेदन आमंत्रित हैं। पैनल की तैयारी 3 वर्षों की अवधि के लिए अर्थात् वित्तीय वर्ष 2018-19 से 2020-21 तक के लिए किया जाना है। सीए/सीए फर्मों का वर्गीकरण विभाग की वेबसाइट पर उपलब्ध संशोधित मानदंडों के आधार पर किया जाएगा।

निर्धारित आवेदन प्रपत्र विभाग की वेबसाइट <http://res.delhigovt.nic.in> से डाउनलोड किया जा सकता है। निम्नलिखित दस्तावेजों और रु 100/- का आवेदन शुल्क रसीद के साथ सभी तरह से पूर्ण आवेदन सहायक रजिस्ट्रार (ऑडिट), ऑडिट शाखा, रूम नं. 15, पार्लियामेंट स्ट्रीट, नई दिल्ली-110001 के कार्यालय में 28.02.2018 (अपरान्ह 6.00 बजे) तक पहुंच जाना चाहिए।

1. अब तक संविधान में परिवर्तन नहीं होने के एक प्रमाण पत्र के साथ 01.04.2018 को या उसके बाद इंस्टीट्यूट ऑफ चार्टर्ड अकाउंटेंट ऑफ इंडिया, नई दिल्ली के कार्यालय से चार्टर्ड अकाउंटेंट के रूप में फर्म के पंजीकरण का प्रमाण पत्र।
2. किसी अन्य सीए फर्म के साथ पार्टनरशिप विवरण सहित सभी पार्टनरों, यदि कोई हो, के पूर्ण विवरण के साथ फर्म के संविधान का प्रमाणपत्र।
3. जो फर्म पैनल में आने की इच्छुक है, उनमें कोई कौमन पार्टनर/सीए/नहीं होना चाहिए।



रजिस्ट्रार सहकारी समितियों

J.B. SINGH
Secy-cum-Registrar
O/o Registrar Co-operative Societies
Govt. of N.C.T. of Delhi
Old Court Building, Park Road, Street
New Delhi-110001

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 EMPANEMENT 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 Empanelment)

911c

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

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

89/c

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 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 _____

-
- *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

28/2

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"/>	
					<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

ES/c