



University of Kashmir, Srinagar

NAAC Accredited Grade "A"
University Campus, Hazratbal, Srinagar-190006, Kashmir

Invitation for Expression of Interest (EOI) for appointment of Statutory Auditor of University of Kashmir, Srinagar.

University of Kashmir, Srinagar invites Expressions of Interest from registered Chartered Accountant Partnership Firms for empanelment as Statutory Auditors for the Financial Year 2023-24 and 2024-25.

To be eligible, the firm should have its Head office in Srinagar and possess minimum 03 years' experience in carrying out Statutory Audit of Government/Listed Companies, Autonomous body, Academic Institutions, etc. Interested and eligible firms may submit their proposals alongwith necessary documents latest by 31/04/2023.

The interested Chartered Accountant Firms are required to enclose photocopies of the following documents (self-attested):

- a. Firm Constitution Certificate;
- b. C&AG Empanelment Certificate;
- c. PAN Card;
- d. Latest IT return filed by firm;
- e. Latest IT returns of Partners;
- f. GST Registration Certificate;
- g. Document in support of financial turnover of the firm;
- h. Undertaking to be furnished by the Firm that there are no legal suit/criminal cases pending against Firm and its partners or having not been earlier convicted on grounds or moral turpitude or for violation of laws in force.
- i. Experience Certificate.

All entries in the Application form should be legible and filled clearly. If the space for furnishing information is insufficient, a separate sheet duly signed by the authorized signatory may be attached.

The competent authority of the University of Kashmir, Srinagar reserves the right to accept or reject any or all application without assigning any reason.



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APPLICATION

**Details of Chartered Accountant firm for the Statutory Audit of the U
Kashmir for the financial year 2023-24 and 2024-25:**

| S.No. | Particulars | Details |
|-------|---|---------|
| 1. | Name of the firm | |
| 2. | Address of the Registered/Head Office | |
| 3. | Telephone no. and E-mail address | |
| 4. | ICAI Registration No. with Region Name and Code No. | |
| 5. | Date of constitution of the firm | |
| 6. | PAN No. of the firm | |
| 7. | Date since when the firm has a full time FCA | |
| 8. | Number of Full-Time Partners as on 01-04-2023 (Details to be provided in "Annexure-A") | |
| 9. | Whether the firm is engaged in any Statutory/Internal/Concurrent Audit and other accounting work of any Govt. Companies/Autonomous body, and Academic Institutions etc. (If yes, details may be given "Annexure-B") | |
| 10. | Turnover of the Firm (last 3 years) | |



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(On Firms Letter Head)

Annexure-A

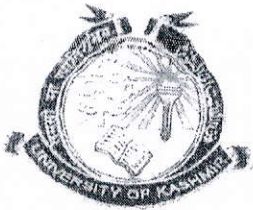
Details of Full Time Partners of the Firm

| S.No. | Name of the Partner | Membership No. | Whether FCA/ACA | Date of joining the Firm (Full time) | Station and Region where residing at present |
|-------|---------------------|----------------|-----------------|--------------------------------------|--|
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(Signature of Authorized Person with Seal of the Firm)

Place:

Date:



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(On Firms Letter Head)

Annexure-B

Details of Statutory/Internal Audit Work/Any other Accounting work of Govt./Listed Companies, Autonomous Body, Academic Institutions, etc. in hand with the firm/undertaken in the last three years as on 31-03-2023.

| Name of Client | Type of Audits (Tick appropriate box) | | |
|-------------------------------|--|--------------------------|--------------------------|
| | Statutory | Tax | Internal/Other |
| Academic Institutions | | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Co-operative Societies | | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Companies | | | |
| • PSU | | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Others | | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance Companies | | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Autonomous Bodies | | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Signature of Authorized Person with Seal of the Firm)

Place:
Date:



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Undertaking

I/We the following partners of M/S. _____, Chartered Accountants 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 there under;
- (ii) that the firm, or partners has not been debarred or cautioned by ICAI during the last three years, (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 Accountant Act, 1949;
- (iv) that the constitution of the firm as on 1st April of the relevant year shown is same as that in the constitution certificate issued by the ICAI.

| S.No. | Name of the Partner | Membership Registration No. | PAN No. | Signature Partner | of |
|-------|---------------------|-----------------------------|---------|-------------------|----|
| | | | | | |
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| | | | | | |
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(Signature of Authorized Person with Seal of the Firm)

Place:

Date: