

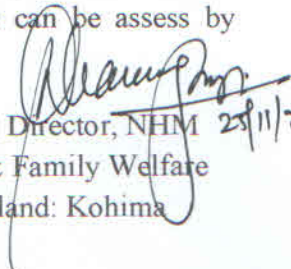
State Health Society  
National Rural Health Mission, Nagaland

No.NRHM/NL/O6/27/2014-15

Dated 25/11/2014

**ADVERTISEMENT**

The State Health Society, NRHM, Nagaland now invites eligible Chartered Accountant firms ("Consultants") to indicate their interest in providing their Services for the concurrent Audit of the accounts for the financial year 2014-15. Interested firms should provide information demonstrating that they have the required qualifications and relevant experience to perform the Services and may submit the EOI to the office of the undersigned within 15 days from the date of publication of this advertisement. The criteria for selection and Expressions of Interest details can be assess by visiting the website [www.nrhmnagaland.in](http://www.nrhmnagaland.in)

  
Mission Director, NHM 25/11/2014  
Health & Family Welfare  
Nagaland: Kohima

**Expression of Interest for short Listing Chartered Accountant Firms  
for audit of the accounts of State Health Society & District Health  
Societies on a Quarterly Basis for 2014 -15**

Status of the Firm: Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

1. (a) Name of the firm( in capital letters)

\_\_\_\_\_

(b) Address of the Head Office

\_\_\_\_\_

(Please also give telephone number and e-mail address)

\_\_\_\_\_

(c) PAN No. Of the firm

\_\_\_\_\_

2. ICAI Registration No. \_\_\_\_\_ Region Name \_\_\_\_\_

Region Code No. \_\_\_\_\_

3. (a) Date of constitution of the firm:

(b) Date since when the firms has a full time FCA

4. Full-time Partners/Sole Proprietor of the firm as on 1<sup>st</sup> January, 2013

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 year or more but less than 10 years		
d	10 year or more but less than 15 years		
e	15 years or more		

Note :- Please attach the copy of Firm's Constitution Certificate issued by ICAI as on 1.1.2013.

5. Number of Part time Partners if any, as on 1<sup>st</sup> January, 2013.

6. Number of full time Chartered Accountants as on 1<sup>st</sup> January, 2013.

7. Number of Audit staff employed full time with the Firm

(a) Articles/Audit Clerks \_\_\_\_\_

(b) Other Audit Staff( with knowledge of Book Keeping & Accountancy) \_\_\_\_\_

(c) Other Professional Staff (Please specify).

8. Number of Branches if any(Please mention places & locations)

\_\_\_\_\_

9. Whether the Firm is engaged in any internal or external audit or any other services providing to any Govt. Company/Corporation or Co-operative institution, etc. Yes/No (If Yes, details may be given on a separate sheet.)

10. Whether the Firm is implementing quality control Policies and Procedures to ensure that all audits are conducted in accordance with Statements on Standard Auditing Practices. (If Yes, a brief note on the procedures adopted is to be enclosed)

11. Whether there are any court/arbitration/any other legal cases against the firm. Yes/No (if Yes, give a brief note of the case indicating its percent status).

## UNDERTAKING

I/We do hereby declare that the above mentioned informations are true and correct. I/We also undertake to abide by the terms & conditions of the contract and would make compliance of all the terms laid down in the contract if executed by us with State Health Society, NRHM, Nagaland.

Date :

Place:

Signature of Proprietor/Sole Partner