

Scope of Work & Terms of Reference for Expression of Interest

1. C.A. Firm (CAG empanelled) shall conduct cent percent checking of receipts and payment vouchers relating to both cash and non-cash transactions, subsidiary registers, General Ledger and other relevant records, documents, Books of Accounts of the Odisha State Child Protection Society (OSCPS).
2. They shall prepare the Audit/consulting Report covering both management and financial audit.
3. C.A. Firm (CAG empanelled) shall conduct audit & prepare internal audit report according to the O.C.S. Act and Rules, existing circulars of AGCS, Odisha and By-Laws of the OSCPS and shall include.
 - a) A verification of grant received or sanctioned or utilised component wise.
 - b) A Verification of records like cash book, ledger, advance register, general ledger, stock register.
 - c) A verification of the Assets and liabilities of the OSCPS.
 - d) An examination and verification of all transactions of OSCPS component wise of all units like State Project Support Unit (SPSU), Odisha State Child Protection Society (OSCPS) and State Adoption Resource Agency (SARA).
 - e) An examination of the statement of account including the receipts and expenditure statement, balance sheet (Prov.), reconciliation statement etc.
 - f) A “Note on Account” to be prepared by the auditor along with the Audit Report on the following points if any.
 - I. Any transaction which appears to the auditor to be contrary to law and to the rules or Bye Laws of the OSCPS.
 - II. Any sum which ought to have been put has not been brought into account.
 - III. Whether or not the auditor has obtained all information and explanation which is required.
 - IV. Whether the financial statement shows true and fairness of accounts of the OSCPS and any further steps needs to be taken, if any, for true and fairness of the records.
4. Conducting audits of procurements undertaken by the OSCPS under ICPS;
5. Provide advice, on its official stationery, when sought by Chairperson/Director OSCPS on financial matters e.g. tariff fixation, review of contracts signed by OSCPS etc.;
6. Conduct internal audit, if requested by OSCPS, guided by specific instructions and/or Internal Audit Manual; and
7. Meet specific requirements mandated in ICPS and JJ Act.
8. The Auditor should submit a verification certificate in accordance with rules along with Audit Report.

General Conditions

1. The Selection of firms will be done only after detailed scrutiny of the credentials of the firm (CAG empanelled), their competency, no. of qualified Chartered Accountants & employees to be engaged for the Audit work, experience etc. Suitable weightage will be given to firms/organisation, which has relevant experiences in doing such type of Audit in Odisha.
2. The Audit Firm will have to start the work within 10 days of the receipt of the letter of appointment from OSCPS, Bhubaneswar
3. The Audit of Accounts of OSCPS as per the assigned work has to be completed in a time bound manner, which will not exceed more than 2 months. Completion of Audit shall include both drafting and typing/printing of audit report. No extra days will be allowed or no extra cost is to be paid for consumption of extra days beyond the above stipulation without showing convincing reason and obtaining specific prior approval/order of the undersigned for allowing more days.
4. The Audit and checking party will consist of sufficient number of experience and qualified professionals.
5. The selected firm will be required to comply with the instructions if any issued by the OSCPS.
6. Office of the OSCPS will extend necessary co-operation to audit party.
7. The audit work to be undertaken as per Bye-Laws of OSCPS.
8. No TA/DA expenses will be borne by the OSCPS for the CA firms undertaking audit work and this will be met by the Audit Firms.
9. The successful tenderer shall not be entitled to claim any additional amount for any reason whatsoever for the above audit work.
10. These are only proposed draft terms and conditions and can be modified at any time by the OSCPS at its sole discretion.
11. Firms selected by OSCPS, shall have to give an undertaking to follow all ethics of faith and the information provided by OSCPS, shall be kept 'strictly confidential' all assignments shall be carried out with due diligence maintaining quality of work done and in least possible time.
12. In case of any dispute, the decision of DIRECTOR, OSCPS, Bhubaneswar shall be final and binding.
13. The Financial Proposal shall be prepared which shall list all costs associated with the assignment, including (a) remuneration for staff and (b) reimbursable expenses. These costs should be broken down by activity. All activities and items described in the Technical Proposal must be priced separately in the Financial Proposal.

Submission of Audit/Consultancy Report

The CA Firm empanelled will submit 5 copies of Internal Audit Report to the Director, OSCPS which includes all the required statements, financial statements, reconciliation statement and all Bank Accounts with their due signature after completion of audit.

Regulation of Audit/Consultancy Fees

The payment of Audit Fees as fixed / finalised will be made only after completion of Audit Work and issue of Audit Report. Completion of Audit will be inclusive of conduct of audit, submission and discussion of report with the OSCPS. The OSCPS will not pay any advance to the selected audit firm under any circumstances. Bill for Audit Fees along with bank details will be submitted to the office of OSCPS, Bhubaneswar along with a certificate indicating that audit has been conducted as per guidelines framed by the OSCPS and the work has been completed as per the agreed terms and conditions.

Application form for Expression of Interest for Appointment/Empanelment of Chartered Accountants Firms (CAG Empanelled) for Providing Consulting Services & Internal Audit of Accounts of OSCPS, Bhubaneswar for the Financial year 2012-13 & 2013-14

Status of Firm: Partnership Sole Proprietorship

Other Statutory Bodies

1. (a) Name of the firm/organisation (in Capital letters)_____
- (b) Address of the Regd. Office_____
- (Please also give telephone No._____
- E-Mail address):_____
- (c) PAN of the firm/organisation_____
- (d) TAN of the firm/organisation_____

2. ICAI Registration No. _____ Region Name_____ Region Code No._____

3. (a) Date of constitution of the firm/organisation:_____
- (b) Date since when the firms has a full time FCA:_____

4. Full-Time Partners of the firm as on 01.04.2014(Please fill up Annex A-1)

Sl. No.	Years of continuous association in the firm/organisation	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 years or more		

5. Numbers of Part Time Partners/others if any, as on 01.04.2014
(Please fill up Annex A-2)

6 Number of Full Time Chartered Accountant Employees.....
as on 01.04.2014 (Please fill up Annex A-3)

7. Number of audit staff employed full-time with the firm

- (a) Articles/Audit Clerks.....
- (b) Other Audit Staff (With knowledge of book keeping and accountancy).....
- (c) Other Professional Staff (Please specify).....
(Please fill up Annex A-4)

8. No of Branches (Please fill up Annex-B).....

9. Fees earned by the firm for last 5 years in respect of:

<u>PSU/ Autonomous/Co-operative Body</u>	<u>Companies in Private Sector</u>	<u>Banks</u>
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(i) Statutory/Branch Audit/
Audit Review

(ii) Internal/Concurrent Audit

Total of (i) and (ii) above

10. Whether the firm/organisation is engaged in any internal/concurrent audit or any other services of any Govt. Companies/Corporations etc. Yes/No
If yes, details of experiences in Annex-D & work in hand in Annex 'C' may be given.

11 Whether there are any court/arbitration/any other legal cases against the firm /organisation (If yes, give a brief note or the case indicating its present status) Yes/No

Undertaking

I / We the sole proprietor / following partners / Others of M/s _____
Chartered Accountants (CAG Empanelled) do hereby jointly and severally verify and declare_

- i) That the particulars given are complete and correct and that 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/organisation would not only stand disqualified from allotment but would be liable for disciplinary action under the Chartered Accountant Act 1949 and the regulations framed there under;
- ii) That the firm/organisation, proprietor 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 u/s. 2(2) of the Chartered Accountants Act, 1949;
- iv) That the constitution of the firm/organisations as on 1st April of 2014 shown in the expression of interest is same as that in the constitution certificate issued by the ICAI.

Sl. No.	Name of the partner/sole proprietor/Others	Membership registration No.	PAN	Dates of payment of the fees for membership/for issue of certificate of practice	Signature of partner/sole proprietor/Other

(Seal of the Firm/Organisation)

Place: _____

Date: _____

Enclosures: Pages

For Office use only

Whether firm/Organisation has done

(a) Statutory/Branch Audit Yes/No

(b) Internal/Concurrent Audit

Checked by

Verified by

Date updated by

(Annex A-1)

1 Firm's/Organisation's

Name.....

Details of Full Time Partners/Other of the firm (Please refer to Sl. No.4 of the Application Format for Expression of Interest)

Sl. No.	Name of the Partner/Sole Proprietor/ Other	Membership No.	Whether FCA/ACA	Date of Joining the Firm (full time) / Organisation	Date of becoming FCA	Station & Region where residing at present	Whether acknowledgement of latest Income Tax return attached Yes/No	Whether has ISA(Information Systems Audit/CISA or any other equivalent qualification, specify the qualification) (if yes please attach a copy of the certificate)

Note- The row of the table may be extended as per the requirement

(Annex A-2)

Details of Part time Partners of the Firm/Organisation (Please refer to Sl. No. 5 of the Application Format for Expression of Interest)

Name of the Partners/ Others	Membership No.	Whether FCA/ACA	Date of becoming FCA	Date of joining Partnership/ Organisation	No. of other firm in which he is partner	Whether practicing in his own name	Whether employed elsewhere(Yes/No)	Whether has ISA (Information systems Audit/CISA or any other equivalent qualification, specify the qualification)(if yes please attach a copy of the certificate)

Note-The row of the table may be extended as per the requirement

(Annex A-3)

Details of Full Time Chartered Accountant Employees (Please refer to Sl. No. 6 of the Application Format for Expression of Interest)

Sl. No.	Name	Membership No.	Whether FCA/ACA	Date of joining the Firm/Organization as full time employee	Whether has ISA (Information Systems Audit/CISA or any other equivalent qualification, specify the qualification)(if yes please attach a copy of the certificate)	Signature of the Employee

Note-The row of the table may be extended as per the requirement

(Annex A-4)

Details of Audit/consulting service Staffs (Please refer to Sl. No. 7 of the Application Format for Expression of Interest)

Sl. No.	Name	Qualification	Address

Note-The row of the table may be extended as per the requirement

(Annex B)

Particulars of Branches:

Sl. No.	Station at which located	Complete address with Pin & Telephone No.	Name of the partner/other in charge of the branch	Date of opening the branch	Detail Address of branch

Note-The row of the table may be extended as per the requirement

(Annex C)

Details of Internal Audit work/any other accounting of Public Sector undertaking in hand with the firm

(Please refer to Sl. No. 10 of the Application Format for Expression of Interest)

Sl. No.	Name of the PSU/Unit	Nature of Assignment	Year for which appointed

Note-The row of the table may be extended as per the requirement.

(Annex D)

Details of experiences:

(Please refer to Sl. No. 10 of the Application Format for Expression of Interest)

Name of the area/sector	Name of the company/body audited (a) Co-operative Society/PSU/autonomous body (b) Companies in private sector (c) Banks (d) Social Sector Programmes/Projects (e) Externally aided social sector projects (f) Education Projects/Programmes	Years of audit e.g. a-2011-12 b-2010-11 c-2009-10 d-2008-09 e-2007-08	Fees charged for each of the assignments in each year	Nature of Audit assignment viz. Statutory audit/or Branch audit	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

Note-The row of the table may be extended as per the requirement.

FINANCIAL PROPOSAL SUBMISSION FORM

SUMMARY OF COSTS:

Sl.No.	Items	Cost(in Rupees)
	Total Remuneration	
	Total Reimbursable Expenses	
	Consultancy Service Tax	
	Others if any	
	Grand Total(in Rupees)	

BREAKDOWN OF COSTS BY ACTIVITY:

	Group of Activities (Phase)	Description
Cost Component		
Remuneration		
Re-imbursable Expenses		
Sub-total(in Rupees)		

BREAKDOWN OF REMUNERATION:

Name	Position	Daily (Monthly) Rate in Rupees	Working Days	Total Cost(in Rupees)

BREAKDOWN OF REIMBURSABLE EXPENSES:

Sl.No.	Description	No.of Units	Rate per unit	Total Cost(In Rupees)
	Sub-total(in Rupees)			