

## APPLICATION FORM FOR EXPRESSION OF INTEREST

Status of the Firm:- Partnership: ☐

Sole Proprietorship: ☐

| Sl. No | Particulars                                                                              |   |
|--------|------------------------------------------------------------------------------------------|---|
| 1.     | Name of the firm (in CAPITAL LETTERS)                                                    | : |
| 2.     | Address of the Head Office (Please also give telephone No. & e-mail address)             | : |
| 3.     | ICAI Registration No. Region Name & Code of ICAI                                         | : |
| 4.     | Date of constitution of the firm                                                         | : |
| 5.     | Name of Full-time Partners/Sole Proprietor of the firm as on 31 <sup>st</sup> March'2016 | : |
| 6.     | Number of Part time Chartered Accountant as on 31 <sup>st</sup> March'2016               | : |
| 7.     | Number of Full time Chartered Accountant as on 31 <sup>st</sup>                          | : |

|     |                                                                                                             |   |                                                                                                                 |
|-----|-------------------------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------------------|
|     | March'2016 (Details, if any, be enclosed)                                                                   |   |                                                                                                                 |
| 8.  | Number of audit staff employed full time with the firm (Details be enclosed)                                | : |                                                                                                                 |
| 9.  | Whether the firm is providing services to any Govt. Company/Corporation or Co-operation or Institution etc. | : | <b>YES/NO. If yes,</b> details may be given on a separate sheet.                                                |
| 10. | Are there are any court/arbitration/legal cases against the firm                                            | : | <b>YES/NO. If yes,</b> a brief note of the cases indicating its present status be provided in a separate sheet. |

## FORMAT FOR FINANCIAL BID

| Sl. No. | Item or Activity                        | Amount ( ` )<br>in figures | Amount ( ` )<br>in words | Remarks |
|---------|-----------------------------------------|----------------------------|--------------------------|---------|
| 1.      | Audit Fee                               |                            |                          |         |
| 2.      | Issue of Utilization Certificate        |                            |                          |         |
| 3.      | Others, if any (please provide details) |                            |                          |         |

Declaration

I/We hereby certify that:

1. The information provided above are to the best of my/our knowledge and belief, true and correct in all particulars.
2. I/We shall furnish all information as required by APSCTE in connection with this assignment.
3. All information provided by APSCTE in the course of the assignment shall be kept strictly confidential.
4. None of the Chartered Accountants who are going to be appointed with this work, have any interest in the business of the APSCTE and have no relative working in the office. Further they have no financial dealings with the Council.
5. I/We understand and accept that APSCTE has a right to reject our application without assigning any reason thereof.

Place:

Date:

**(Signature with Seal)**

Name and designation  
of the authorized signatory