

**APPLICATION FORM FOR COMPILATION OF ACCOUNTS OF
THE ARUNACHAL PRADESH STATE COUNCIL FOR
TECHNICAL EDUCATION**

Sl. No.	Particulars	
1.	Name of the firm/Accountant (in CAPITAL LETTERS)	:
2.	Address of the Head Office (Please give telephone No. & e-mail address also)	:
3.	ICAI Registration No. (if any)	:
4.	Date of constitution of the firm	:

5.	Whether the firm is providing services to any Govt. Company/Corporation or Co-operation or Institution etc.	:	YES/NO. If yes, details may be given on a separate sheet.

FORMAT FOR FINANCIAL BID

Sl. No.	Item or Activity	Annual Charge (Rs.) in figures	Annual Charge (Rs.) in words
1.	Compilation of the Books of Accounts of Arunachal Pradesh State Council for Technical Education, Itanagar		

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