

Bihar Bal Bhawan, “Kilkari”

Expression of Interest (EOI) for Empanelment of Chartered Accountants Firms For the Internal and Statutory audit of BIHAR BAL BHAWAN, KILKARI

1. The “Bihar Bal Bhawan, KILKARI” is a society registered under the Societies Registration Act,1860 for the purpose of implementing various programme/activities for overall development of children in the state of Bihar as per Annual Work Plan and Budget as approved by Department of Education, Bihar Government. The fund for this purpose are allocated by the Government of Bihar as Grant-in-aid.
2. The objective of the audit of the Financial Statements (Balance Sheet, Income & Expenditure Account and Receipts and Payments along with schedule attached thereto) is to enable the auditor to examine, verify and express independent and professional opinion on the financial position of Bihar Bal Bhawan KILKARI at the end of each fiscal year and the fund received and expenditures for the accounting period ended March’31’2024.

3. Eligibility

Eligibility Criteria:

- !) Applicant Firms should be in existence for at least 5 years.
- 2) Applicant firms should have at least 2 full time partners with at least one full time FCA.
- 3) The applicant firm should be empaneled with C&AG/Income Tax.
- 4) The partners must be member of ICAI and should have valid full time certificate of Practice issued by ICAI.
- 5) Applicant firm must have experience of auditing accounts /handling tax matters with Govt. Organizations/PSUs.

6) Average annual turnover of the firm of the last three years should be at least Rs5 Lakhs.

7) Applicant Firm must have an office at Patna.

4. The selected firms will be appointed separately for Statutory, Internal Audit of Bihar Bal Bhawan Kilkari and for the audit of Gullak Bachha Bank initially for one year and may be extended for further two years.

5. Applicant has to submit EOI in the prescribed format as made available in the KILKARI website.

6. Eligible Firms may submit application and EOI in sealed envelope separately for the Internal Audit/Statutory Audit and superscripted as **“Confidential – EOI for Empanelment of Chartered Accountants Firms” for Internal Audit/Statutory Audit/ Gullak Bachha Bank. The application and EOI must receive at Bihar Bal Bhawan, Patna through Registered post/Courier/Speed –post or By hand.**

Sealed Envelope should be addressed to:

Director

Bihar Bal Bhawan Kilkari

Saipur, Rastra Bhasha Campus

Patna – 800004

7. **Last Date of Receipt of EOI is 03.01.2024.**

8. **Final Selection of Auditor for audit of Kilkari (Statutory, Internal and Gullak Bank) will be decided through financial bid after discussion through Pre Bid Meeting. Date of Pre Bid meeting will be intimated to selected Audit Firm received through EOI.**

**Expression of Interest for short listing Chartered Accountant
Firms for the audit of the accounts of KILKARI**

Part A

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 no.) _____
(c) PAN No. of the firm _____
2. ICAI Registration No. _____ Region Name _____
Region Code No. _____
3. Empanelment number with C&AG: _____
4. (a) Date of constitution of the firm: _____
(b) Date since when the firm has a full time FCA _____
5. Full-time Partners/Sole Proprietor of the firm as on 1st January,2023

Sl.No.	Continuous association with the firm	Number of FCA	Number of AOA
	Less than one year		
	1 year or more but less than 5 years		
	5 years or more but less than 10 years		
	10 years or more but less than 15 years		
	15 years or more		

Note: Please attach the copy of Firm's Constitution Certificate issued by ICAI as on 1.1.2023

6. Number of Part Time Partners if any, as on 1st January,23 _____
7. Number of Full time Chartered Accountant as on 1st January23 _____
8. Number of audit staff employed full-time with the firm _____

9. Number of Branches if any (please mention _____
places & locations)

10. Whether the firm is engaged in any internal or external audit or providing any other services to any Govt. Company/Corporation or co-operative institution etc. if 'yes', details may be given on a separate sheet.

Yes/No

11. Whether the firm is implementing quality control Policies and procedures designed to ensure that all audit are conducted in accordance with Statements on Standard Auditing Practices.

Yes/No

(If yes, a brief note on the procedure adopted is to be enclosed)

12. Are there are any court/arbitration/legal cases against the firm

Yes/No

(If yes, give a brief note of the cases indication its present status)

13. Fees earned by the firm for the last 5 years

Type of audit	PSU/Autonomous body	Companies in private sector	Banks
Statutory/Branch Audit/			
6-monthly audit review			
Internal/Concurrent Audit			
Total of the above			

PART – B
Undertaking

I/We the sole proprietor/partners of M/S_____ chartered accountants do hereby jointly and severely verify and declare:

(i) That the particulars give 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 had been suppression of material information, the firm would not only stand disqualified from the allotment, but would be liable for disciplinary action under the Chartered Accountants Act, 1949 and the regulations framed there under;

(ii) That the firm proprietor of partners have not been debarred of cautioned by ICAI during the last five years (if cautioned give details);

(iii) That individually we are not engaged in practice otherwise or in any other activity which would be deemed to be a practice under Section 2(2) of the Chartered Accountants Act, 1949;

(iv) That the constitution of the firm as on 1st January_of the relevant year shown in the Expression of Interest is the same as that in the Constitution Certificate issued by the ICAI.

Sl. No.	Name of the Partner/ Sole Proprietor	Membership Registration No.	PAN No.	Date of payment of fee for the relevant year A/B	Signature of partner/ Sole Proprietor

*A for membership B for issue of certificate of practice **(seal of the firm)**

Place _____ Date ____/____/____ Enl _____ Pages

Signature of Proprietor/Sole Partner