



MAHARASHTRA NATIONAL LAW UNIVERSITY MUMBAI

Expression of Interest

Expression of Interest from CA firms having experience in conducting Statutory / internal audit of premier higher education institutions for at least one term of three years is invited to conduct the statutory audit of Maharashtra National Law University Mumbai for the year 2018-19 at the first instance which may be extended up to a maximum of two subsequent annual audit cycles.

Qualified firms are requested to respond (in the format attached) to Registrar Maharashtra National Law University Mumbai via email [registrar@mnlumumbai.edu.in] by 31/08/2018.

Hard copy of the letter of response may be addressed to

The Registrar
Maharashtra National Law University Mumbai,
Post box No. 8401,
Powai, Mumbai – 400 076

For further details, please contact (022) 25703188



MAHARASHTRA NATIONAL LAW UNIVERSITY MUMBAI

Expression of Interest for Appointment of Statutory Auditors.

SECTION 'A'

Status of Firm Partnership Sole Proprietorship

Other Statutory Bodies

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

(b) Address of the Head Office

(Please also give telephone no.)

(E-mail address):

(c) PAN of the firm/organization

(d) TAN of the firm/organization

2. ICAI Registration No. Region Name..... Region Code No.

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

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

4. Full - Time Partners of the firm as on 01-01-2016 (Please fill up Annexure 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 01-01-2016.....

(Please fill up Annex A-2)

6. Numbers of full Time Chartered Accountant Employees.....as on

01-01-2016 (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 :	2014 - 15	2013 - 14	2012 - 13	2011 - 12	2010 - 11
(i)	Statutory / Branch Audit /Audit Review					
(ii)	Internal / Concurrent Audit					
(iii)	Total of (i) and (ii) above					

10. Whether the firm /organization is engaged in any internal / concurrent audit or any other services of any Central / State autonomous bodies Yes / No

If yes, details of experiences in Annex-D & work in hand in Annex - C may be given.

11. Whether the firm / organisation is willing to be considered separately for empanelment as internal auditors: Yes / No

12. Whether any court /arbitration /any other legal case is pending against The firm / organisation Yes / No
(If yes, please attach a brief note of the case indicating its present status)

13. Any other information (details of empanelment etc.)

Date

Signature
Full Name

Official Seal

SECTION-B

Undertaking

I/we the sole proprietor / following partners / Others of M/S.....
Chartered Accountants 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/ organization would not only stand disqualified from allotment but would be liable for disciplinary action under the Chartered Accountants act 1949 and the regulations framed there under:
- ii) That the firm/organization, proprietor or partners has not been debarred or cautioned by ICAI during the last three years. (If debarred, give details):
- iii) That individual 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 /organization as on 1st January of 2016 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 / of issue of certificate or practice	Signature of partner / sole proprietor / Other

(Seal of the Firm/Organization)

Place:

Date:

Enclosures: Pages

(Annex A-1)

1. Firm's / Organization's Name.....

Details of Full Time Partners/ Others of the firm (Please refer to SI. No. 4 of the Expression of Interest format)

SL. NO.	Name of the Partner / Sole Proprietor / Other	Membership No.	Whether FCA / ACA	Date of Joining the Firm (full time) / Organization	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)

Authorised Signatory

(Seal of the Firm/Organization)

(Annex A-2)

Details of Part time Partners of the Firm/Organization (Please refer to SI. No. 5 of the Expression of Interest Format)

Name of the Partners / Other	Membership No.	Whether FCA	Date of becoming FCA	Date of Joining Partnership / Organization	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 any please attach a copy of the certificate)

Authorised Signatory

(Seal of the Firm/Organization)

(Annex A-3)

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

SL. NO.	Name	Membership No.	Whether FCA	Date of Joining the firm / Organisation as full time employee	Whether has ISA {Information systems Audit /CISA or any other equivalent qualification, specify the qualification)if any please attach a copy of the certificate)	Signature of the Employee

Authorised Signatory

(Seal of the Firm/Organization)

(Annex A - 4)

Details of Audit Staffs (Please refer to Sl. No. 7. of the Expression of Interest Format)

SL. NO.	Name	Qualification	Address	Signature of the Employee

Authorised Signatory

(Seal of the Firm/Organization)

(Annexure - 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

Authorised Signatory

(Seal of the Firm/Organization)

(Annexure - C)

Details of internal Audit work / any other accounting of Central / State Educational Institution in hand with the firm

(Please refer to Sl. No. 10 of the Expression of Interest format)

SL. NO.	Name of the PSU / Unit	Nature of Agreement	Year for which Appointed

Authorised Signatory

(Seal of the Firm/Organization)

(Annexure - D)

Details of experiences

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

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	Year of audit e.g. (a) 2007 – 08 (b) 2006 – 07 (c) 2005 – 06 (d) 2004 – 05 (e) 2003 – 04	Fees charged for each of the assignments in each year	Nature of Audit assignment viz. Statutory audit/or Branch audit	Name 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

Authorised Signatory

(Seal of the Firm/Organization)