

Expression of Interest

The earlier invitation for Expression of Interest for Internal Auditor floated on 26th February, 2021 is hereby revoked and fresh invitation is now floated.

Expression of Interest from CA firms having experience in conducting Internal Audit of premier higher education institutions for at least FIVE years is invited to conduct the Internal Audit of Maharashtra National Law University Mumbai for the year 2021-22 at the first instance which may be extended up to a maximum of two subsequent annual internal audit cycles.

The minimum Audit Fees would be Rs.180,000/- (plus applicable taxes) per year of engagement.

Interested and qualified firms are requested to respond (in the format attached) to Registrar Maharashtra National Law University Mumbai via email [registrar@mnlumumbai.edu.in] **not later than 22nd March, 2021.**

Hard copy of the letter of response may be addressed to

The Registrar
Maharashtra National Law University Mumbai,
MTNL-CETTM BUILDING, Technology Street,
Hiranandani Gardens,
Powai, Mumbai – 400 076

For further details, please contact (022) 25703188

Note: Shortlisted applicants will be informed of the date/time for personal discussions. Their FEES offer for the assignment be provided in a closed envelope marked “Fees Quote” be handed over to the Registrar at that time. The University reserves the right to accept or reject any or all the offers received without assigning any reason therefor.

Maharashtra National Law University Mumbai

Expression of Interest for Appointment of **INTERNAL AUDITOR**.

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

(c) Telephone no.

(d) E-mail ID:

2. (a) PAN of the firm/organization

(b) TAN of the firm/organization

(c) 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 01-01-2021 (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 01-01-2021

(Please fill up Annex A-2)

6. Numbers of full Time Chartered Accountant Employees as on 01-01-2021

(Please fill up Annex A-3)

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

(a) Articled / 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 3 years (Rs. In lakhs) In respect of : | 2019 - 20 | 2018 - 19 | 2017 - 18 |
|-------|---|-----------|-----------|-----------|
| (A) | Statutory / Branch Audit /Audit Review | | | |
| (B) | Internal / Concurrent Audit | | | |
| (A+B) | Total | | | |

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

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

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

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

Date

Signature
Full Name

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 as a firm or as individuals, 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 2021 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 | Signature of partner / sole proprietor / Other |
|---------|--|-----------------------------|-----|--|
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Separate sheet may be added, if necessary.

Place:

Date:

Enclosures: Pages

(Seal of the Firm/Organization)

Official Seal

(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 and attach a copy of the certificate) |
|---------|---|----------------|-------------------|---|----------------------|--|---|---|
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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 and attach a copy of the certificate) |
|------------------------------|----------------|-------------|----------------------|--|--|------------------------------------|---------------------------------------|---|
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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 and attach a copy of the certificate) |
|---------|------|----------------|-------------|---|---|
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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 | Date of Joining |
|---------|------|---------------|-----------------|
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Authorised Signatory

(Seal of the Firm/Organization)

(Annexure - B)

Particulars of Branches

(Please refer to SI. No. 8 of the Expression of Interest format)

| SL. NO. | Station at Which Located | Name of the partner/other in charge of the branch | Date of opening the branch | Complete address with Pin & Telephone No. |
|---------|--------------------------|---|----------------------------|---|
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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 |
|---------|------------------------|---------------------|--------------------------|
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(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 Programs / Projects (e) Externally aided social sector projects (f) Education Projects / Programs | Year of audit e.g. (a) 2015 – 16 (b) 2016 – 17 (c) 2017 – 18 (d) 2018 – 19 (e) 2019 – 20 | Fees charged for each of the assignments in each year | Nature of Audit assignment viz. Statutory audit/or Branch audit Or Internal Audit | Name of Special assignment | Name of the full time partner who supervised the audit or signed the financial statements and whether is still working in the firm |
|---------------------------|--|--|---|--|----------------------------|--|
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Authorised Signatory

(Seal of the Firm/Organization)