SAMPLE MULTIPURPOSE EMPANELMENT FORM 2009-10 FOR INDIVIDUAL

WEBPAGE 1

1.Personal Details

Highlighted (Green) fields are read only fields

* Fields are Mandatory

Membership No		Year of Certificate of Practice	
Name		Unique Code No	
Status as on 01.01.2009	INDIVIDUAL		

Place of Practice

Address		District *	SELECT
		STD Code *	
State/Union Territory		Telephone No *	

Please provide name of the person to be contacted for any clarifications/ information

Name of contact person *	Phone (O) *	Mobile	E-mail *

Memorandum of changes

Incase, applicant does not agree with any of the static information provided above (flowing from Institute's database), please provide the information which should appear instead of the one appearing here.

1000 characters left

Please ensure that the changes informed here have already been incorporated in the Institute's database. The information provided here will be incorporated in the MEF Database only after due verification with the Institute's database.

WEBPAGE 2

2.Particulars of member practicing in individual name as on 01.01.2009 ---Status Detail

	Exclusively associated with the firm #	Others	Total
(a) Number of FCAs			
(b) Number of ACAs			
(c) Total [(a) + (b)]			

A member is not treated as exclusively associated with the firm if he is a partner in any other firm or is a sole proprietor of his proprietary firm or is paid employee elsewhere.

Details of member

S.No	Name	Membership No.	Whether main occupation is practice	Whether DISA qualified?	Whether partner/ proprietor of any other concern	Whether paid employee of any other concern	Name of the other concern in which member is partner/ proprietor/ paid employee	FRN of such concern	CPE hours obtained in calendar year 2008 (extended upto 31st March 2009)
			(Y/N)	(Y/N)	(Y/N)	(Y/N)			
1									
2									

3. Number of paid Chartered Accountant employees as on 01.01.2009

Full Time	
Part Time	

Details of Paid Chartered Accountant Employee

	Name	Membership No	Whether DISA qualified	Whether partner/ proprietor of any other Concern	Whether paid employee of any other Concern	Name of the other Concern in which he is partner/ proprietor/ paid employee	FRN. of such Concern
			(Y/N)	(Y/N)	(Y/N)		

4.Professional Staff

Number of professional staff ** as on 01.01.2009 (including at branches)

Article/Audit Assistants	
Other professional staff	
Total	

** Other professional staff excludes typists, stenographers, computer operators, secretary(ies) and sub-ordinates but includes audit staff (other than Article/ Audit Assistants) having knowledge of book-keeping and accountancy and engaged in onsite audit. This includes non-CA staff only. CA staff should be included in earlier question 3 itself.

Memorandum of changes

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1000 characters left

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WEBPAGE 3

5.Bank, PSU Audit Experience

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Experience of bank audit as Statutory Auditor of a branch of a nationalized bank or of a private sector bank with deposit of not less than Rs. 500 crores of the bank as a whole (and not that of a branch)		
Note:	The experience of Statutory Central Audit of J & K Bank will also be reckoned as public sector bank audit experience.	
	Is the member having experience of audit referred to above (a member will be considered to have such experience only if he signed the audit report/conducted the audit)? (Y/N)	Y
	If yes, please tick (✔) in the appropriate box	

Experience Statutory in audit of PSUs	
Is the member have experience of statutory audit of PSUs (a member will be considered to have such experience only if he signed the audit report/conducted the audit)? (Y/N) ?	N
If yes, please tick (✔) in the appropriate box	

Whether any disciplinary action is pending in the records of the Institute against member? (Y/N)	N

WEBPAGE 4

6. Whether the applicant or any of its partners has been associated with any of the public sector banks/regional rural banks/co-operative bank since 01.04.2008 upto the date of submission of application? For e.g. as Concurrent Auditor / Revenue Auditor/ Income & Expenditure/ Inspection/Monitoring of borrowing sick units /etc. **excluding statutory audit** (Y/N)	Y

(If yes, please fill up)

Details of association with public Sector banks/regional rural banks/co-operative banks from 01.04.2008 upto the date of submission of application.

	Name of the Bank	Concurrent Audit (Y/N)	Internal/Stock/ System Audit (Y/N)	Income & Expenditure/ Revenue Audit (Y/N)	Inspection (Y/N)	Monitoring of borrowing sick units # (Y/N)	Any other Assignment (Y/N)
☐	SELECT BANK						

Both appointments made by the bank and/or concerned borrower

7.Whether the applicant or any of its partners was during the past calendar year indebted (including outstandings in respect of credit cards) or has given guarantee in respect of any loan etc.,(for amounts exceeding Rs.1000/-) to any public sector bank/regional rural banks/ co-operative banks from 01.01.2009 upto the date of submission of application? (Y/N)	Y

(If yes, please fill up**)**

Details of indebtedness to public sector bank/ regional rural banks/ co-operative banks or guarantee given in respect of any loan including outstanding of credit cards (For amounts exceeding Rs 1,000) from 1/1/2009 to date of this application

	Name of the Partner/Firm (Indebted/ Guarantor)	Membership No. (where applicable)	Name of the Bank
☐			SELECT BANK

8. Whether any of its partners was during the past calendar year director in any public sector bank/ regional rural banks/ co-operative banks from 01.01.2009 upto the date of submission of application? (Y/N)	N

(If yes, please fill up**)**

Details of Directorship in Public sector bank/ Regional rural banks/ Co-operative banks from 1/1/2009 to date of this application:

	Name of the Bank	Name Of The Member	Membership No.

WEBPAGE 5

* Declaration

Application No			
FRN		Unique Code No., if any allotted	

I _____ practising as individual do hereby declare that the particulars as given above are complete and correct in all respects to the best of my knowledge and belief. I undertake that I have gone through the Advisory hosted on www.*meficai.org* website and affirm that application is made in accordance therewith.

I recognize that if any of the instructions are not adhered to or any of the statements made in the application form or information furnished in the application form is not correct and/or incomplete, the application is liable to be rejected and/or I would be liable for disciplinary action under the Chartered Accountants Act, 1949, and Regulations framed thereunder.

I hereby declare that audit/other assignment allotted on the basis of information furnished in the application form will not be accepted and carried out if the firm in whose name the application is made is not in existence at the time of audit.

I declare that the constitution of the firm as on 01.01.2009 shown in the application is the same as that in the constitution Certificate issued by ICAI.

	Name of the Member	**Membership No**	**Mobile Number**	**E-mail ID**	**Signature #**

Date	
Place	

*1. The declaration should be signed by the member.

2. The signatures should correspond to those in the Institute's records.