GOVERNMENT OF WEST BENGAL
School Education Directorate
Grant-in-Aid Section
7th floor, Bikash Bhavan,
Salt Lake , Kolkata-700091.

Memo No- 1014- G.A
9A-1/GA/90(part)

dated 13.08.2014

From- :- The Commissioner, School Education, West Bengal.

To :- The secretary
The Institute of Chartered Accountants of India
ICAI Bhavan
7,Anandalal Podder Sarani (Russal Street)
Kolkata-700071.

Subject:- Requisition of District Wise Panel of willing Auditors(CA firms) to take up the audit of Non-Government Aided (Upper Primary, Jr.High, High School, Higher Secondary) Schools A/cs. West Bengal for the year-2013-2014 & 2014-2015.

Sir,

With reference to the subject mentioned above, I would like to inform that Directorate of School Education , Bikash Bhavan, 7th Floor, Salt Lake City, Kolkata-700091 ,West Bengal has made arrangement for receiving the application forms of the willing Auditors who are the members of the CA Institute on and from-18th August,2014 to 12th September, 2014 between 11.30 a.m. and 4 p.m. on week days only. Such applications are to be addressed to the Commissioner, School Education, West Bengal, 7th Floor, G.A Section ,Bikash Bhavan, Kolkata-700091.

You, are, therefore, kindly requested to upload the above information with format of application for invitation of application eligible auditors for the audit works Non- Government recognized Aided (Upper Primary, Jr.High, High School, Higher Secondary) Schools for the years 2013-2014 & 2014-2015.

Application forms received by this Directorate will be forwarded to you on 16th September, 2014 by 2 p.m. In this connection, I request you to upload a provisional list of applications received from this office in your web-site on 17th September, 2014 requesting the members to check the list. If any member has any query in connection with the entitlement of enlisting his/her name, may contact the Commissioner, School Education ,W B by 19th September,2014 with documentary evidences. If on verification, it is found that his/her claim is genuine, his/her name may be enlisted in the final list.

In view of this, I request you to prepare a panel of auditors after receiving application forms from this Directorate and verifying them and send the same along with soft copy to this Directorate at the earliest.

Enclo- Format of application form.

Yours faithfully ,

Commissioner, School Education
West Bengal

Memo No- 1014(1)1 - G.A
9A-1/GA/90(part)

dated 13.08.2014

Copy to :-
The Secretary, Govt. of West Bengal
School Education Department
Bikash Bhavan, 6th Floor, Salt Lake
Kolkata-700091.

Commissioner, School Education
West Bengal

-:NOTIFICATION:-

- Applications are invited for empanelment of District-Wise list of willing Auditors(C A Firms) who are the members of the C.A Institute to take up the audit of Non Government Aided Schools (Upper Primary, Junior High, High , Higher Secondary) for the year of 2013-14 & 2014-15.

- Willing Auditors (C.A Firm) are requested to submit their applications to the Commissioner, Directorate of School Education,7th Floor, Bikash Bhavan, Kolkata-700091 at the central receiving section of this Directorate at 7th floor from 18th August -2014 to 12th September,2014 between 11.30 a.m. to 4 p.m. on week days only.
- Proforma of Application Format for willing Auditors is given below-

FORM OF APPLICATION FOR EMPANELMENT FOR SCHOOL AUDIT

(To be printed or typewritten only. However, ticking in the boxes can be done by hand)

PART I

Please tick if you had applied in the same name in earlier year(s) and allotted Audit ☐ If yes please mention the year & the names of colleges/ Institutions wherein he has conducted the audit of Accounts

YEAR	10- 11	11- 12	12- 13	The Name of College/ Institution

1. Firm Name

(In case practising in individual name, please mention the name. Please do not use the prefix M/s./ Mr./ Mrs etc. before the firm name.)

2. Status*

(Please fill up Annexure A)

0	Proprietary Firm/ Individual Sole Practice
1	Partnership Firm

3. Firm Registration No. (MRN to be given in the case of individual Sole Practice /

4. Year Of Establishment

(Please mention the year in which the firm was established. In cas of individuals, the year of obtaining certificate of Practice should be mentioned.)

5. P.A.N./ G.I.R. No.

6. Service-tax Registration No.

7. Present Address

Town

District

State/ Union Territory

Old District

Telepho No.

STD Code

Pin Code

E-mail

Mobile

Fax

8. Indicate whether any partners(s)/ proprietor of the Firm are/ is partner(s) or proprietor of any other Firm of chartered accountants or is practising as an individual

(Please fill up Annexure B) Yes ☐ No ☐

***TICK APPROPRIATE BOX**

Note:

1. If full address, name of town, pin code, and district is not given and filled in properly, the application is liable to rejection.

2. Firm Registration No. of every sole proprietary concern/ partnership firm appears in the entry relating to the firm in the list of firms published by the Institute. In the case of a member practising in individual name, please mention "N.A."/ MRN.

3. In the column 'Old District', please mention the name of the previous district only in cas any new district's declared by any Government.

PART II

Status of Membership

a) Date of Payment of Membership & COP Fee for the current year.	Membership Fee Payment Date	COP Payment Date
b) Whether at any time, there has been any occasion for suspension of License either by order of a ourt of Law or by the Institute of Chartered Accountants. If there is any such occasion the details thereof should be clearly stated.	Yes/ No	If yes, give details

PART III

Declaration

I/ We, the undersigned, as Proprietor/ Partner of M/s _____
or as indivudual do hereby decalre that the particulars as given above including in Annexures. A & B are correct in all respects to the of my/ our knowldedge and belief. I/ We hereby declare that no separate application for any of our branches or for associate concern having common partner/ proprietor or in individual name has been made. I/ We undertake that I/ We have gone through the instructions and terms and condition as enclosed with the application form and affirm that application is made as per the terms and conditions prescribed and in no way infringes the terms and conditions so prescribed.

I/ We recognise that in case any of the terms or conditions so prescribed is infringed, the application is liable to be rejected.

I/ We further recognise that if any of the terms or conditions is infringed or any or the statements made therein or information furnished in the application form is not correct, I/ We would be liable for disciplinary action under the Chartered Accountants Act, 1949, and Regulations framed thereunder.

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

Name of Partner/ Proprietor/ Individual	Membership No.	Signature*	Date with Official Seal

Date _____
Place _____

*1. The declaration should be signed by the individual, or by the proprietor in the case of a sole proprietory concern, and by all the partners in the case of a partnership firm.
2. The signatures should correspond to those in the Institute's records.

ANNEXURE A

Details Of Partners/ Proprietor Of The Firm

(In case a member is practising in individual name, particulars of such member to be given

Name (Address not required)	Membership Number*	Year Of Enrolment	Whether		Whether Main Occupation Is Practice		Whether Any Time Is Devoted To Any Occupation/ Vocation/ Business Etc. Other Than Profession				Date of Joining The Firm			Usual Place of Residence (address not required)	Nos. of Paid Assistants	Nos. of Article Assistants
									If Yes, Please State No. Of Hours Devoted Per Week Including Travelling Time							
			ACA	FCA	Yes	No	Yes	No	Educational Institutions	Others, Please indicate	DD	MM	YYYY			
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			☐	☐	☐	☐	☐	☐								
		TOTAL	☐	☐	☐	☐	☐	☐								

TICK THE APPROPRIATE BOX

*Please give Membership Number Only, and not the region code (such as 100/ 200/ 300/ 400/ 500)

ANNEXURE B

Details Of Partners/ Proprietor Of The Concern Being Partners Or Proprietor In Any Other Concern Of Chartered Accountants Or Practising As An Individual

Name The Partner/ Proprietor	Membership Number	Name & Year Of Establishment Of The Other Concern In Which He/ She Is Partner/ Proprietor/ Individual	Whether The Concern Is		Town	District	State/ Union Territory
			Partnership	Proprietorship/ Individual			
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TICK THE APPROPRIATE BOX