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Department of Health & Family Welfare  
**KARNATAKA STATE AIDS PREVENTION SOCIETY**  
Arogya Soudha, 4<sup>th</sup> Floor, 1<sup>st</sup> Cross, Magadi Road, Bangalore-560023

No. KSAPS/AD(F)/SA/10/2021-22

Dated: 02<sup>nd</sup> December 2021

**CALL FOR EXPRESSION OF INTEREST**

Sub: Chartered Accountant firms for Appointment of Statutory Auditor for 2021-22 of Karnataka State Aids Prevention Society.

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Karnataka State AIDS Prevention Society is responsible for implementing the National AIDS control programme Phase III in the State. The Government of India has received a Credit [Cr. No. 4299-10] from the funds pooled by the International Development Association and DFID in various currencies towards the cost of NACP and it is intended that part of the proceeds of this credit will be applied to eligible payments under the contracts for which this invitation for Bids is issued. KSAPS is a registered organization under the control of the State Government and it is the Nodal Organization for all the HIV/AIDS prevention and control work that is taken up in the State.

Expressions of interest are invited from CAG empanelled Chartered Accountant firms to conduct Statutory Audit of Karnataka State AIDS Prevention Society for the financial year 2021-22.

**Eligibility and assessment Criteria:**

The Expression of Interest and capability will be assessed against evidence of skills and experience in providing accountancy services in the State.

**Requirements:**

The EOI should be sent along with a capability statement including a profile of the organization relevant technical and geographical coverage along with the financial turnover for the last 3 financial years. A format for the capability statement may be obtained from this office by written letter addressed to the Project Director or may be obtained from the website: <http://www.ksaps.karnataka.gov.in>. Any EOI with inadequate information or those which do not meet the above criteria, or those received after the closing date will not be short listed. EOI should be as concise and focused as possible to give evidence of the above requirements including the capability.

Statement and organization profiles should be mailed to the Project Director to the above address, on or before 03/01/2022 super scribing on the sealed cover "EOI for Appointment of Statutory Auditor of Karnataka State AIDS Prevention Society for 2021-22". Only organizations, which pass the pre-selection process, will be contacted and invited to submit detailed proposals.

For further information on NACP, interested bidders are requested to contact the following e-mail [pdksaps@gmail.com](mailto:pdksaps@gmail.com) or Telephone No. 2955 7021. The contact persons are Project Director/Joint Director (Finance).

  
02/12/21

Project Director,  
Karnataka State AIDS Prevention Society,  
Bangalore

**Expression of Interest for short listing Chartered Accountant Firms for the audit of the accounts of  
M/s Karnataka State AIDS Prevention Society.**

**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. and e-mail address)		
	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 1 <sup>st</sup> January 2021		
	Continuous association with the firm	Reg. Number of FCA	Reg. 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		

Note: Please attach the copy of Firm`s Constitution Certificate issued by ICAI as on 1/1/2021

6	Number of Part time Partners if any, as on 1 <sup>st</sup> January,			
7	Number of full time Chartered Accountant as on 1 <sup>st</sup> January,			
8	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)			
9	Number of Branches if any (please mention place & locations)			
10	Whether the firms 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 firms is implementing quality control policies and procedures designed to ensure that all audit are conducted in accordance with Statements on Standard Auditing Practices. (If yes, a brief note on the procedure adopted is to be enclosed)	Yes/No		
12	Are there are any court/arbitration/legal cases against the firm (If yes, give a brief note of the cases indicating its present status)	Yes/No		
13	Fees earned by the firm for the last 5 years			
	Type of Audit	PSU/Autonomous body	Companies in private sector	Bank
	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 join and severly verify and declare:-

- i) that the particulars given are complete and correct and that is any of the statements made or information so furnished in the application form is later found not correct or false or there had be suppressive 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 regulations framed thereunder;
- ii) that the firm proprietor or partners have not been debarred or cautioned by ICAI during the last years (if cautioned give details);
- iii) that individually we are not engaged in practice otherwise or in any other activity which would deemed to be a practice under Section 2(2) of the Chartered Accountants Act, 1949;
- iv) that the constitution of the firm as on 1<sup>st</sup> 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 number	PAN No.	Date of payment of fees 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:

Encl.....pages

Signature of Proprietor/Sole Partner