

Appointment of Internal Auditor

National Institute for the Orthopaedically Handicapped, Kolkata is an apex Autonomous Institution under direct control and fully funded by Dept. of Disability Affairs, Min. of Social Justice & Empowerment, GOI.

NIOH, Kolkata invites quotations from Kolkata based reputed Chartered Accountant firms/ company registered with Comptroller and Auditor General of India(C&AG) having sufficient experience in conducting Audit of such Institutions for appointment as an Internal Auditor of the NIOH, Kolkata for the financial year 2013-14 & likely to be extended for 2014-15 (on the same terms and conditions), for its Head Quarter at Kolkata.

Basic Objective of Audit:

Internal Audit of the Institute involves verification as to whether the books of accounts are properly maintained, checked and balanced periodically, whether all transactions are properly accounted for and follow-up of the various checks prescribed have been properly observed. The internal audit functions concentrate on revenue aspect, accounting of income ensuring that various documentation are as per requirements. The delegations are being exercised in accordance with laid down Policies, Procedures, Delegation of Powers and Statutory/ Regulatory requirements.

The report will have to be submitted within a week time after completion of Internal Audit. The report shall cover any deviation from framework and general accounting principles, monetary impact of deviation, person responsible and suggestion for improvement. The Internal audit shall also assist in preparation of reply to C & AG Paras.

The Expression of Interest along with detailed profile, covering the eligibility criteria, past experiences & professional fees is to be submitted to Director, National Institute for the Orthopaedically Handicapped, B.T.Road, Bon-Hooghly, Kolkata-700090 in sealed cover latest by 17.00 hours on Friday, the 23rd day of July, 2014.

This EOI does not create any contractual obligation on the part of NIOH. The Institute reserves the right to reject any or all EOI without assigning any reason.

Director

Sl. No.	Particulars	Supporting Documents required to be submitted along with this form	Details
1	Name of the Firm		
2	Address of the Firm		
	Head Office		
	Date of establishment of the firm		
	Date since when the H.O. is at the existing station		
	Branch Office	Phone No.	
	1	Fax No.	
	2	Mobile of each Branch Office in-charge:	
	(particulars of each branch to be given)	Email ID	
3	Firm's Income Tax PAN No.	Attach copy of PAN card	
4	Firm's Service Tax Registration No.	Attach copy of Registration	
5	Firm's Registration No. with ICAI	Attach copy of Registration Certificate	
6	CAG Empanelment No.		
7	No. of years of Firm's existence		
8	• Details of Partners:		
	• Number of Full Time Partners associated with the firm		
	• Name of each partner		
	• Date of becoming ACA		
	• Date of becoming FCA		
	• Date of joining the firm		
	• Membership No.		
	• Qualification		
	• Experience		
	• Their contact Mobile No., e-mail and full address		
• Name of the partner having DISA qualified			

Note: Copy of proof of various empanelments and proof of allocation of Audit assignments must be attached with the application.

Declaration:

1. We confirm that the information furnished herein are correct and fair in all respects and we have the necessary documentary proof to substantiate the same. It is further confirmed that in case any of the contents contained herein are found to be incorrect, NIOH, Kolkata. is free to initiate any appropriate action against us.
2. We further declare that there have been no adverse comments/ qualification on our performance from the Management/ Audit Committee.

Partner

(Name)

Date: