**APPLICATION**

**Details of Chartered Accountant firm for the Statutory Audit of National Foundation for Corporate Governance (NFCG) for the financial year 2017-18:**

|  |  |  |
| --- | --- | --- |
| **Sl.****No** | **Particulars** | **Details** |
| 1 | Name of the firm |  |
| 2 | Address of the Registered/Head Office |  |
| 3 | Telephone no. and E-mail address |  |
| 4 | ICAI Registration No. with Region Name and Code No. |  |
| 5 | Date of constitution of the firm |  |
| 6 | PAN No. of the firm |  |
| 7 | Date since when the firm has a full timeFCA |  |
| 8 | Number of Full-Time Partners as on 1-4-2017 (Details to be provided in **“Annex- A**”) |  |
| 9 | Number of Part time Partners if any, ason 1-4-2017 |  |
| 10 | Number of Full Time CharteredAccountant Employees as on 1-4-2017 |  |
| 11 | Number of Branches (Details to beprovided in “**Annex-B**”) |  |
| 12 | Whether the firm is engaged in any Statutory/Internal/Concurrent Audit and other accounting work of any Govt. Companies/Autonomous body, and Academic Institutions, NGO etc. (If yes, details may be given **“Annex-C”)**. |  |
| 13 | Turnover of the Firm (last 3 years) |  |

**Annex-A**

**Details of Full Time Partners of the Firm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.****No** | **Name of the****Partner** | **Membership****No.** | **Whether****FCA / ACA** | **Date of****joining the firm (full time)** | **Station & Region****where residing at present** |
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(Signature of Authorized Person with Seal of the Firm)

Place: Date:

**Particulars of Branches (including foreign branches, if any)**

**Annex – B**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.****No** | **Station at****which located** | **Complete address****with PIN Code & Telephone No.** | **Name of the****partner in charge of the branch** | **Date of****opening of the branch** | **Region** |
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(Signature of Authorized Person with Seal of the Firm)

Place: Date:

**(On Firms Letter Head)**

**Annex- C**

Details of Statutory/Internal Audit Work / Any Other Accounting Work of Govt./Listed Companies, Autonomous body, Academic Institutions, etc. in hand with the firm/undertaken in the last five year

as on 31-3-2017.

|  |  |
| --- | --- |
| **Name of Client** | **Type of Audits****(Tick appropriate Box)** |
|  | **Statutory** | **Tax** | **Internal/other** |
| **Academic Institutions** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| **Co-operative Societies** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| **Companies** |  |  |  |
|  **PSU** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
|  **Others** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| **Insurance Companies** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
|  |  |  |  |
| **Autonomous bodies** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| **NGOs** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

(Signature of Authorized Person with Seal of the Firm)

Place: Date:

**(On Firms Letter Head)**

**Undertaking**

I/We the following partners of M/s. , Chartered

Accountants do hereby jointly and severely verify and declare –

**(i)** that the particulars given are complete and correct and that if 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 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, or partners has not been debarred or cautioned by ICAI during the last five year;

**(iii)** that individually we are not engaged in practice otherwise or in any other activity which would be deemed to be in practice under section 2 (2) of the Chartered Accountant Act,

1949;

**(iv)** that the constitution of the firm as on 1st April of the relevant year shown is same as that in the constitution certificate issued by the ICAI.

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| --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Partner** | **Membership****Registration No.** | **PAN No.** | **Signature of partner** |
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|  |  |  |  |  |

(Signature of Authorized Person with Seal of the Firm)

Place: Date