

**CENTRAL INSTITUTE OF HIMALAYAN CULTURE STUDIES**  
**Dahung: West Kameng District: Arunachal Pradesh-790116**  
**Phone:03782207030,email:cihcsdahung@gmail.com**  
**(An Autonomous Body of the Ministry of Culture, Govt.of India)**

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M. No: 2-6/2015 /CIHCS

Dated Dahung the 4<sup>th</sup> July , 2019.

**TENDER FOR CHARTERED ACCOUNTANT FIRMS**

Tender is invited from Chartered Accountant firms to conduct internal audit and to prepare Annual Accounts in the Prescribed Uniform Format of Central Autonomous Bodies of Government of India for the year 2019-20 to 2021-22.

The application form and relevant documents may be downloaded from the CIHCS website [www.cihcs.edu.in](http://www.cihcs.edu.in) . Interested firms may submit their tender super scribing “Tender to conduct internal audit and to prepare Annual Account” separately for technical & financial bids to the undersigned on or before 30<sup>th</sup> July, 2019. The tender document will be opened on 30<sup>th</sup> July, 2019 in the office chamber of the undersigned. The tenderer may be present at the time of opening of the bid.

The undersigned shall have the right of rejecting all or any of the proposals without assigning any reasons thereof.

Sd/-  
**(Prof. S. Simon John)**  
Director  
CIHCS, Dahung

M. No: 2-6/2015 /CIHCS

Dated Dahung the 4<sup>th</sup> July , 2019.

Copy to:-

1. Office Copy

### **General Terms and Conditions**

1. Chartered Accountant firms should have adequate experience in preparation of Annual Accounts in the prescribed Uniform Format of Central Autonomous Bodies of Govt. of India particularly in education field. The firm shall have adequate no. of qualified CA with relevant experience and engaged in fulltime accounts work. A list of full time employed chartered accounts with their complete bio-data be enclosed.
2. Selection of firms will be done only after detailed scrutiny of the credentials of the firm, their competency etc.
3. Empanelled with C & AG.
4. The CA firm should have registered their head office in Arunachal Pradesh. (Proof to be enclosed).
5. All information should be kept confidential by the firm CA.
6. All assignments shall be carried out with due diligence maintaining quality of work done and in least possible time.
7. All reporting shall be done on regular basis.
8. Director, CIHCS deserves the right to cancel selected firm, without assigning any reason.
9. The firm will have to start the work with immediate effect of the received of the letter of appointment.
10. Application form should be filled up properly.

### **Submission of Report**

On completion of work, the Report of Annual Statement of Accounts will be submitted in three sets along with the copy on CD to the Institute. Final authority for acceptance of the report will rest with the Institute. The Report will also be supported with the certificate from the C.A. Firm that they have thoroughly checked the report as per terms of difference and their findings are best on the same.

### **Regulation of Fees**

The payment of fees as fixed will be made only after completion of work and issue of Report. Completion of work will be in inclusive and discussion of Report with the Institute. The Institute will not pay any advance to the selected C.A. Firm. The Institute is currently receiving Rs. 489.00 lakhs as grant-in-aid for running and maintenance of the Institute.

Bill for fees will be submitted to the office of the Director, CIHVCS, Dahung along with a Certificate indicating that work has been completed as per guidance framed by the Institute and the work has been completed as per the agreed terms and conditions.

### Applications Form

Status of the Firm:- Partnership: [    ]      Sole Proprietorships: [    ]

1. (a) Name of the firm (in capital letters) : \_\_\_\_\_  
(b) Address of the Head Office : \_\_\_\_\_  
(with Mobile No. and e-mail id.)
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 CA : \_\_\_\_\_
5. Full-time partners/ sole Proprietor of the firm as on 31<sup>st</sup> March, 2019  
(Attach the copy of firm's Contrition Certificate issued by ICAI as on 01.01.2013)
6. Number of part time Partners if any, as on 31<sup>st</sup> March, 2019.
7. Number of Full time Chattered Accountants on 31<sup>st</sup> March, 2019.
8. Number of full time audit staff employed with the firm
  - (a) Articles/Accounts clerk \_\_\_\_\_
  - (b) Other Staff (with knowledge of book keeping and accountancy) \_\_\_\_\_
  - (c) Other Professional Staff (Please Specify) \_\_\_\_\_  
(list to be attached for SI. No. 5 to 8)
9. Number of Branches if any: \_\_\_\_\_  
(Please mention places & locations)
10. Whether the firm is engaged in any internal or external or providing any other services to any Govt. Company/Corporation or Co-operation institution etc. (Yes/No)  
If "Yes", details may be given on a separate sheet.
11. Whether the firm has experience in conducting Accounts work in education Sector (Yes/No). If "Yes", a brief note on the procedure adopted is to be enclosed.
12. Are there any court/arbitration/legal cases against the firm: (Yes/No). If "Yes", give a brief note of the cases indicating its present status.
13. Financial turn over for the last three years (fees earned).

**DECLARATION**

I/We hereby certify:

1. The information provided above are to the best of my knowledge and brief, true and correct in all particulars.
2. There is no litigation pending against the Company/firm or its Directors.
3. I/We shall furnish all information as required by CIHCS in connection with this assignment.
4. All information provided by CIHCS in the course of the assignment shall be kept strictly confidential.
5. This is to certify that none of the Chartered Accountants of firm, who are going to be appointed with this work, have any interest in the business of the CIHCS and have no relative working in the office. Further, they have not been associated with Accounts of CIHCS and involved in financial dealings of the institute.
6. I/We understand and accept that CIHCS has a right to reject our application without assigning any reason thereof.

Name of the Authorized Signatory	Designation	Name of Firm	Signature

Place:

Date :

(Signature with Seal)