

Government of Odisha  
Handlooms, Textiles & Handicrafts Department

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No. HTH-HC-57/15/2599 /HTH, Bhubaneswar dtd. 30/5/16

From:

Sri Raja Parija, OAS  
Joint Secretary to Government

To

The Head, State Portal Group,  
I.T. Centre, Bhubaneswar

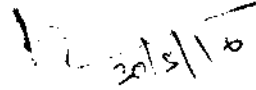
Sub:- Publication of Advertisement on EoI for engagement of Chartered Accountants for the year 2013-14, 2014-15 & 2015-16.

Sir,

In enclosing herewith the copy of the Expression of Interest along with details of ToR (both soft & hard copy) for engagement of Chartered Accountants in SIDAC, I am directed to say that the same may be uploaded in the Department Website for wide publicity.

Encl:- As above.

Yours faithfully,

  
Joint Secretary to Government





Ref. No.....

Date.....

## Term Of Reference

### Engagement of Chartered Accountant for the statutory audit for the year 2013-14, 2014-15 & 2015-16

#### INTRODUCTION

The State Institute for development of art and craft was constituted and registered under the registration of societies Act, 1860 vide Regd. no. 21959/137 of 2004-05 dated 15.10.2004. The Governing Body of the society is chaired by the Commissioner-cum-Secretary of H.T. & H Dept. & other office bearers are Member Secretary, Executive Director & such other officers designated by the Governing Body from time to time. The Chairman has the overall power of supervision, direction and control over the affairs of the society and the functioning of the office bearers.

#### A.OBJECTIVE OF THE SOCIETY:

1. To promote transfer of skills and their up-gradation. To manage and supervise the state level and district level training centres . To help settings of training centres at field level. To conduct examinations for assessment of skill.
2. To manage and supervise the state level design center in order to promote design development, product innovation and product diversification. To conduct design development programme, arrange competitions among craft persons for development of new designs.
3. To conduct surveys, studies and research in the field of Handicrafts, to promote establishment of common facilities, to promote up-gradation of technology, to develop marketing intelligence network to publish and promote publication of literature on handicrafts, to conduct conferences, symposia, seminars, workshops, buyer-seller meets, exhibitions, awareness camps etc.
4. To raise funds by way of grants, loans, donations including foreign aid, through and from Govt. of India, Govt. of Odisha, statutory corporations, bodies, financing institutions & other sources and to invest and expend funds so raise as per the decisions of the General Body.

#### B.BACKGROUND:

- ❖ The funds of the society consist of the grants received from Union Govt. & State Govt from time to time.
- ❖ The funds of the society shall be paid into the societies account in one or more nationalised banks and shall ordinarily be withdrawn jointly through cheques signed by the Member Secretary and such other person as would be decided by the Chairman.
- ❖ The organisation is following the mercantile system of accounting.

## Expression of Interest

Expression of Interest is hereby invited from Bhubaneswar based CA firms having CAG empanelment for the financial year 2015-16 with category II & III as per RBI norms as on 01/01/2015 for the statutory audit of the organization for the F.Y. 2013-14, 2014-15 & 2015-16. CA firms must have experience in the audit of the Govt Organization for more than 5 years as like co-operative & non-govt. Organization. The term of Reference (ToR) is available in the website of SIDAC (i.e. [www.sidacodisha.org.in](http://www.sidacodisha.org.in)) & [odisha.gov.in/textiles](http://odisha.gov.in/textiles). Interested firms may apply within 10 days of publication of this advertisement. The organization reserves the right to reject any or all of the offers without assigning any reason thereof.

Member Secretary



**State Institute for Development of Arts & Crafts**

Handlooms, Textiles & Handicrafts Department, Government of Odisha

Handicrafts Complex, Gandamunda, P.O.-Khandagiri, Bhubaneswar - 751030

Tel/Fax No. +91 (0)674 2351389, 2350318, E-mail: [sidacodisha@gmail.com](mailto:sidacodisha@gmail.com), [www.sidacodisha.org.in](http://www.sidacodisha.org.in)

- ❖ All type of expenditures and payments shall have prior approval of the respective authorities.

### C.OBJECTIVE OF EoI:-

The objective of EoI is to solicit proposals from the interested Chartered Accountants firms for statutory audit of the organization for the financial year 2013-2014, 2014-2015 & 2015-16.

### D.SCOPE OF WORK:-

- In corporation of opening balance of different schemes from the previous years.
- Checking of receipt & payment , Books of Account, reconciliation statement etc in the said year.
- While checking the cash & bank balance, it should be ensured that balances as per manual cash book if any, balance as per computerised cash & Bank book and balance as per trial balance should be tallied. Necessary suggestion may be input.
- Verification towards compliances of statutory matters(like: TDS, Service Tax, Deposit of Treasury Challan—etc) and providing suggestion thereof if any.
- Vouching of transactions specially its propriety.
- Checking of prior period expenditure, receipt and prepaid expenditure and necessary adjustment to the account.
- Checking up grant received from central and state govt. and its utilisation.
- Checking up various receivable and payable and accounting thereof including adjustment as required.
- Reflection of grant received under different schemes and therein utilisation in the balance sheet.
- An examination and verification of all transactions of SIDAC component wise of all units like: Grant-in-aid, and different scheme implemented in the said year.
- Checking of Fixed deposit and accrued interest thereon.
- Ensuring the calculation of depreciation of fixed assets of opening balance and addition during the year as per the accounting standard.
- Checking up compliances of internal audit report, statutory audit report, AG audit report if any for the preceding financial year.
- Ensure all subsidiary accounts, such as fixed assets registers, advance registers, payment registers, cheque issue register, etc., are maintained and updated on daily basis.
- Checking of store materials receipt/issued/utilised and balance thereof and must be reflected in the accounting book.
- Suggestion on fund management.
- Verification of Assets & Liabilities of the SIDAC
- A " Note on Account" to be prepared by the auditor along with the Audit Report

### E. GENERAL CONDITION.

1. The engagement of firm will be done only after detailed scrutiny of the credentials of the Firms (CAG empanelled) , their competency, employees to be for the and etc. Suitable weight age will be given to firms / organization, which has relevant experiences in doing such type of Audit in Odisha.
2. The Audit Firm will have to start to work within 10 days of the receipt of the letter of appointment from SIDAC , Bhubaneswar
3. The Audit Accounts of SIDAC as per the assigned work has to be completed in a time bound manner, which will not exceed more than one months .Completion of Audit shall include drafting and typing / printing of Audit report. No extra days will be allowed or No extra cost is to be paid for consumption of extra days beyond the above stipulation without showing convincing reason and obtaining specific prior approval /order of the undersigned for allowed for more days .
4. The Audit and checking party will consist of sufficient number of experienced and qualified professionals.
5. The firm should comply with the instruction if any issued by the SIDAC.
6. Office of the SIDAC will extend necessary co-operation to audit party.
7. The audit work to be undertaken as per Bye-Laws of SIDAC.
8. No TA/DA expenses will be borne by SIDAC for the CA firms undertaking audit work and this will be met by the Audit Firms.
9. These are only proposed draft terms and conditions and can be modified at any time by SIDAC at its sole discretion.
10. Firm selected by SIDAC shall have to give an undertaking to follow all ethics of faith and the information provided by SIDAC, shall be kept strictly confidential. All assignments shall be carried out with due diligence maintaining quality of work done and in least possible time.
11. In case of any dispute, the decision of Chairperson, SIDAC , Bhubaneswar shall be final and binding.
12. The payment of Audit Fees will be made as per revised minimum recommended scale of fees by ICAI for audit of Charitable Trust. The audit fees will be made only after completion of Audit Work and issue of Audit Report. Completion of Audit will be inclusive of conduct of audit, submission and discussion of report with the SIDAC. The SIDAC will not pay any advance to the selected audit firm under any circumstances. Bill for Audit Fees along with bank details will be submitted to the office of SIDAC, Bhubaneswar along with a certificate indicating that audit has been conducted as per guidelines framed by the SIDAC and the work has been completed as per the agreed terms and conditions.

## APPLICATION

Status of firm: Category-2 & 3 (Y/N) as per RBI norm as on 1/1/2015 {Please Tick}

1. A. Name of the firm/organisation
- B. Address of the Regd. Office
- C. PAN of the firm
- D. TAN of the firm
- E. Service Tax No of the firm.

2. ICAI Registration No. Region Name Region Code No

3. CAG empanelled for the year 2015-16:-{Y/N}

4. A. Date of constitution of the firm/organisation:
- B. Date since when the firms has a full time FCA

5. Full-Time Partners of the firm as on 01.04.2015 (Please fill up Annex A-1)

Sl. No	Years of continuous association in the firm/organisation	Number of FCA	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		

6. Numbers of Part Time Partners/Others if any. As on 01.04.2015

(Please fill up Annex A-2)

7. Number of full time chartered accountant employees as on 01.04.2015

(Please fill up annex A-3)

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)

(Please fill up Annex A-4)

9. No of Branches (Please fill up Annex-B)

10. Whether the firm/organisation is engaged in any internal/concurrent/statutory audit or any other services of any Govt. of Odisha organisation/NGO/Corporation. (Y/N)

If yes, details of experience in Annex-D & work in hand in Annex-C may be given.

11. Whether there are any court/arbitration/any other legal cases against the firm/organisation (if yes, give a brief note or the case indicating its present status) [Y/N]

## Undertaking

I/We the sole proprietor/following partners/ Others of M/s \_\_\_\_\_ Chartered Accountants (CAG Empanelled) do hereby jointly and severly verify and declare.

- i) That the particulars given are complete and correct and that 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/organisation would not only stand disqualified from allotment but ould be liable for disciplllinary action under the Chartered Accountant Act 1949 and the regulations framed there under:
- ii) That the firm/organisation, proprietor or partners has not been debarred or cautioned by ICAi during the last three years. ?(if debarred give details).
- iii) That individually we are not engaged in practice otherwise or in any other activity which would be deemed to be in practice u/s. 2(2) of the Chartered Accountants Act.1949.
- iv) That the constitution of the firm/organisation as on 1<sup>st</sup> April of 2015 shown in the expression of interest is same as that in the constitution certificate issued by the ICAI.

Sl No	Name of the Partner/Sole Proprietor/Others	Membership registration No.	PAN	Dates of payment of the fees for membership/ or issue of certificate of practice	Signature of partner/sole proprietor/ other

Place: \_\_\_\_\_

(Seal of the Firm/Organisation)

Date: \_\_\_\_\_

Enclosures: \_\_\_\_\_ Pages

For office use only

Whether firm/organisation has done

(a) Statutory/Branch Audit

Yes/No

(b) Internal/Concurrent Audit

Checked By

Verified By

Date updated By

Firm's/Organisation's name-----

Details of Full Time Partners/Other of the Firm ( Please refer to Sl No-5 of the Application Format For Expression of Interest)

Sl no	Name of the Partner /Sole Proprietor/Other	Membership No	Whether FCA/ACA	Date of Joining the Firm (Full Time)/Organisation	Date of becoming FCA	Station & Registration Where residing at present	Whether acknowledged of latest Income Tax return attached (Yes/No)	Whether has information systems audit/CISA or any other equivalent qualification. Specify the qualification (if yes please attach a copy of the certificate)

Note: The row of the table may be extended as per the requirement



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(Annexure A-2)

Details of Part time Partners of the Firm/Organisation (Please refer to SI No 6 of the Application Format For Expression of Interest)

Name of the Partners/Others	Membership No	Whether FCA/ACA	Date of becoming FCA	Date of joining partnership/organisation	No of other firm in which he is partner	Whether practicing in his own name	Whether employed elsewhere (yes/no)	Whether has ISA (Information systems audit/CISA or any other equivalent qualification. Specify the qualification (if yes please attach a copy of the certificate)

Note: The row of the table may be extended as per the requirement

Annexure A-3

Details of Full Time Chartered Accountant Employees (Please refer to Sl No 7 of the Application Format for Expression of Interest

Sl No	Name	Membership No	Whether FCA/CA	Date of joining the Firm/Organisation as full time employee	Whether has ISA (Information Systems Audit/CISA or any other equivalent qualification. Specify the qualification (if yes please attach a copy of the certificate)	Signature of the Employees

Note: The row of the table may be extended as per the requirement

Annexure-A-4

Details of Audit/consulting service (Please refer to Sl No 8 of the Application Format for Expression of Interest)

Sl No	Name	Qualification	Address

Note: The row of the table may be extended as per the requirement

Annexure -B

Please refer to Sl No-9 of the application format

Sl No	Station at which located	Complete address with Pin & Telephone No	Name of the Partner /Other in Charge of the branch	Date of opening the branch	Detail address of branch

Note: The row of the table may be extended as per the requirement

## Annexure-C

(Please refer to Sl no 10 of the application format for Expression of Interest)

Sl. No	Name of the PSU/Unit	Nature of Assignment	Year for which appointed

Note: The row of the table may be extended as per the requirement

## Annexure-D

Details of experience:

(Please refer to Sl no10 of the Application Format for Expression of Interest)

Name of the area/sector	Name of the Company/body audited (a) Co-operative Society/PSU/autonomous body (b) Companies in private sector (c) Banks (d) Social Sector programmes/Projects (e) Externally aided social sector projects (f) Education Projects/Programmes	Years of audit e.g. a.2011-12 b.2010-11 c.2009-10 d.2008-09 e.2007-08	Fees charged for each of the assignments in each year	Nature of Audit assignment viz. Statutory audit/Branch audit	Nature of special assignment	Name of the full time partner who supervised the audit or signed the financial statements and who is still working in the firm

Note: The row of the table may be extended as per the requirement