

**EMPANELMENT FORM FOR ALLOTMENT OF COOPERATIVE BANK AUDIT
 PANEL OF AUDITORS FOR AUDIT OF URBAN COOPERATIVE BANKS HAVING DEPOSIT EXCEEDING RS.25 CRORES.**

1. CONCERN NAME:

ADDRESS:

 CITY: PIN CODE

DISTRICT:

STD CODE & TELEPHONE

FAX:

STATE : MAHARASHTRA

EMAIL:

FIRM REGISTRATION NO. YEAR OF ESTABLISHMENT: RBI UNIQUE CODE NO.

2. STATUS OF FIRM DATE SINCE THE FIRM IS PARTNERSHIP
 (Partnership / Proprietary)

Please provide name of the person to be contacted for any clarification /information

NAME	PHONE (O)	MOBILE	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. IF PRACTICING IN INDIVIDUAL NAME DATE OF APPROVAL FROM ICAI (RBI UNIQUE CODE NO.)

4. MENTION THE CATEGORY AS ALLOTTED FOR THE PURPOSE OF BANK BRANCHES AUDIT AS PER LATEST RBI PANEL

I	II	III	IV	IV SP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Number of paid Chartered Accountant employees in the Concern:

Full time	
Part time	

SR. NO	NAME	Membersh ip no.	PAN	Wheth er FCA/A CA	Date of Joinin g the firm	Whether Partner/ Proprietor of any other concern	Whether paid employee in any other concern	Whether practicing in individual Name	Name of said concern in which he/she is Partner/ Proprietor /Practicing as individual / paid employee	Firm Registra tion Number

7. NUMBER OF STAFF ** IN THE CONCERN:

AUDIT CLERKS (AS PER ICAI RECORD)	
ARTICLE CLERKS(AS PER ICAI RECORD)	
OTHER PROFESSIONAL STAFF	
TOTAL	

** Other Professional staff excludes typist, stenographers, computer operator, secretary/ ies and sub-ordinates but includes audit staff (other than audit clerks & article clerks) having knowledge of book-keeping and accountancy and engaged in onsite audit.

Name of Employee	Designation	Education	Experience

(Attach separate sheet if required)

8. Number of Branches:

(i) In India

(ii) Outside India

PARTICULARS OF BRANCHES

(Head Office and details of second office not to be given)

BRANCHES IN INDIA

Address of Branch /City/Pin code	Name of Member in Charge	Membership No.	Contact Numbers

9. Experience in Bank Audit as Statutory Auditor of Head/Central office/ Branches of a public sector Nationalized bank and/or of a private sector bank with deposit of not less than Rs.500 crores. (Excluding co op . banks)

(a) Does the concern have previous experience of audit referred to above?
If yes, please state no. of years experience

YES/NO

Number of Years:

10 Experiences in Cooperative Audit as statutory auditor of Co-operative Bank/Co-operative societies

Does the concern have experience of referred to above?
If yes, please state number of years experience:

YES/NO

Number of years

Please give the details of Audit Experience in Cooperative Audit as Statutory Auditor of Co-operative Bank/Co-operative societies, during immediately preceding 5 year only of the Firm/senior Partner of firm

Name of Co-operative Bank/ society	Financial Year	Working Capital (in lacs)	Audit Fees (in lacs)

11. Whether the applicant or any of the partners has been associated with any of the Co-operative Bank/Co-operative societies

(e.g. as Concurrent Auditor/ Revenue Auditor etc.)

YES/NO

Name of Bank/ Co-operative society	Special Audit	Internal Audit	Concurrent Audit	Tax Audit	Re-Audit	Filing of FIR against co-op Society/ Bank	Any other Assignment

12. Whether the applicant or any of its partners is or was during the past calendar year director in any Co-operative Banks/ Co-operative societies:

YES/NO

Name of Bank/ Co-operative society	Name of member (who is director)

13. Whether any disciplinary action was taken/ pending against firm/ any of the partners or proprietor of the concern or the member practicing in individual name by ICAI/ any Govt. Deptt?

YES/NO

If yes, give full details

Action Taken

Action Pending

14. Gross receipts of the applicant for the Financial year
(Rs. In Lacs)

2004-05	2005-06	2006-07

15. Income Tax paid by the applicant for the financial year
(Rs. In Lacs)

2004-05	2005-06	2006-07

16. Service Tax paid for the Financial Year

(Rs. In Lacs)

2004-05	2005-06	2006-07

Date:

Place:

(Seal of the firm)

Signature

Name of Applicant/ or Authorized partner in case of firm

Membership No.

Eligibility Criteria:

- 1: In case of partnership firm at least one partner should continuance in practice for more than 10 years. In case of Proprietary concern proprietor or member practicing in individual name he/she should continuance in practice for more than 10 years.
- 2: The concern/member should be on the panel of Reserve Bank of India for allotment of branches of nationalized banks. And shall have Unique Code Number, as allotted for the purpose of allotment of bank branch audit
- 3: This being state level panel, partnership Firm/ Proprietary Concern shall be registered with Institute of Chartered Accountants of India, having H.O. in Maharashtra state only.
- 4: Firm/Concern shall have at least 15 employees on its role.
- 5: Application received after due date or incomplete application will be liable to be rejected.
- 6: If applicant or any partner as the firm is also partner or associated with other firm then application shall be only in the name of partnership firm only and in case of multiple applications, all such applications shall be rejected without further notice.

Note:

- 1: The information given in application form is subject to cross verification with authorized data of RBI and ICAI. In case of discrepancy the information as provided by RBI/ICAI will be taken as final.
- 2: Application of any member /firm not satisfying eligibility criteria will be rejected.

Documents to be Attached:

- 1: Constitution Certificate of firm as given by Institute of Chartered Accountants of India or Membership Card in case of member practicing in individual name.
- 2: Profit and Loss Account, Balance Sheet, Income Tax Return and Computation of Income of Partnership firm/proprietor.
- 3: Affidavite
- 4: Copy of Partnership Deed
- 5: Latest photographs of authorized partners/ proprietors shall be affixed.
6. Staff List
7. List of societies Audited.
- 8.Declaration.