

1.Details of the applicant

Highlighted(Green) fields are read only fields

All Fields are Mandatory

Firm Registration No.		Date of Establishment(of Sole Proprietary Concern)		<input checked="" type="checkbox"/>
		Year since when continuously holding COP in individual name		<input type="checkbox"/>
Name of the firm		RBI Unique Code No.		
Status as on 01.01.2014		First Time Applicant (Y/N)		

Address of Head Office

Address		State/Union Territory	
		District	
Pin Code		STD Code	
City		Telephone No. (without STD code)	
Service Tax Registration No.		PAN	

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

Name of contact person	Phone (O)	Mobile No.	E-mail	Alternate E-mail

Whether applicant is part of any national/international network? (Y/N)

N

Name of the Network	Country where Headquarter is Situated (if International Network)	Since When	Date of registration with ICAI ? (DD/MM/YYYY)
<input type="button" value="Add"/> <input type="button" value="Delete"/>			

Whether applicant conducted Branch Audit for the year 2012-13 ? (Y/N)

N

Name of the Bank	Name of branches audited	Audit Fee
<input type="button" value="Add"/> <input type="button" value="Delete"/>		

Whether applicant has ever conducted Branch Statutory Audit of Public Sector Banks (Y/N)

N

Year in which Branch Statutory Audit of Public Sector Banks was last conducted for the financial year ending 31st March	- Select -
Actual cooling period (s) _ year(s)	

Whether applicant conducted Audit allotted by O/o C&AG for the year 2012-13 ? (Y/N)

N

Name of the Company	Address of the auditee	Audit Fee
<input type="button" value="Add"/> <input type="button" value="Delete"/>		

Whether applicant has been peer reviewed till date ? (Y/N)

N

Date(s) of Peer Review Certificate(s) issued	1 st (DD/MM/YYYY)	2 nd (DD/MM/YYYY)	3 rd (DD/MM/YYYY)

Memorandum of Changes

In case, applicant does not agree with any of the static information mentioned above (flowing from Institute's database), please provide the information which should appear instead of the one appearing here.

Submit your comments	
	1000 characters left.

Please ensure that the changes informed here have already been incorporated in the Institute's database. The information provided here will be incorporated in the MEF Database only after due verification with the Institute's database.

2. Particulars of Sole Proprietor as on 01.01.2014

	Exclusively associated#	Others	Total		
(a) No. of FCAs	<div></div>	<div></div>	<div></div>		
(b) No. of ACAs	<div></div>	<div></div>	<div></div>		
(c) Total [(a) + (b)]	<div></div>	<div></div>	<div></div>		

A member is not treated as exclusively associated with the firm if he is a partner in any other firm or is a sole proprietor of any other proprietary firm or is a paid employee elsewhere.

Other Details of Sole Proprietor

I. Name	<div></div>		
II. MRN	<div></div>		
III. Whether main occupation is practice (Y/N)	<div></div>		
IV. Whether DISA qualified (Y/N)	<div></div>		
V. Whether CISA Qualified (Y/N)	<div></div>		
VI. Whether partner/ proprietor of any other concern (Y/N)	<div></div>		
VII. Whether paid employee of any other concern (Y/N)	<div></div>		
VIII. Name of the other concern in which member is partner/ proprietor/ paid employee	<div></div>		
VIII.(a) FRN of such concern	<div></div>		
IX. Whether ACA/FCA	<div></div>		
X. If FCA, Date of becoming FCA	<div></div>	<div></div>	<div></div> (DD/MM/YYYY)
XI. Share of Profit (in %)	<div></div>		
XII. Receipts from the firm during the previous financial year 2012-13 :			
XII.(a) Amount of share in Profit (in Rs.)	<div></div>		
XII.(b) Salary/Remuneration (in Rs.)	<div></div>		
XII.(c) Interest on Capital (in Rs.)	<div></div>		
XIII. Total of other business/professional income received during the previous financial year 2012-13 (in Rs.)	<div></div>		
XIII.(a) Of which amount, Income permitted by ICAI under CA Act and regulations (in Rs.) ***	<div></div>		
XIII.(b) Business and professional income not covered under XIII or XIII.(a) (in Rs.)	<div></div>		

*** Click here to view Income permitted by ICAI under CA Act and regulation

3.No. of paid Chartered Accountant employees in the Concern as on 01.01.2014

Full Time	<input type="text"/>		
Part Time	<input type="text"/>		
Total	<input type="text"/>		

4.Professional Staff

No. of professional staff as on 01.01.2014

Article Assistants	<input type="text"/>		
Other Professional Staff **	<input type="text"/>		
Total	<input type="text"/>		

** Other Professional Staff includes audit staff(Other than Article/ Audit Assistants) having knowledge of book-keeping and accountancy and engaged in onsite audit but excludes typists, stenographers, computer operator, secretary(ies) and subordinates. This includes non-CA staff only. CA Staff should be included in earlier question 3 itself.

Memorandum of Changes

In case, applicant does not agree with any of the static information mentioned above (flowing from Institute's database), please provide the information which should appear instead of the one appearing here.

Submit your comments

1000 characters left

Please ensure that the changes informed here have already been incorporated in the Institute's database. The information provided here will be incorporated in the MEF Database only after due verification with the Institute's database.

5.	Bank Audit Experience	
Experience of bank audit as Statutory Auditor of a branch of a nationalized bank or of a Private Sector Bank with deposit of not less than Rs. 500 crore of the bank as a whole (and not that of a branch).		
Note:	The experience of Statutory Central Audit of J & K Bank will also be reckoned as Public Sector Bank audit experience.	
(a)	Does the firm have previous experience of audit referred to above? (Y/N)	<input type="text"/>
	If yes, please fill in the no. of years of experience	<input type="text"/>
(b)	Does the proprietor have experience of audit referred to above (a proprietor will be considered to have such experience only if he signed the audit report/conducted the audit)? (Y/N)	<input type="text"/>
	If yes, please indicate '1' in the appropriate box	
	10 years or more <input type="text"/>	8 to 9 years <input type="text"/>
	5 to 7 years <input type="text"/>	3 to 4 years <input type="text"/>
	Less than 3 years <input type="text"/>	

6.	Experience of Statutory Audit of PSUs	
(a)	Does the firm have experience of statutory audit of PSUs? (Y/N)	<input type="text"/>
	If yes, please fill in the no. of years of experience	<input type="text"/>
(b)	Does the proprietor have experience of statutory audit of PSUs (a proprietor will be considered to have such experience only if he signed the audit report/conducted the audit)? (Y/N)	<input type="text"/>
	If yes, please indicate '1' in the appropriate box	
	10 years or more <input type="text"/>	8 to 9 years <input type="text"/>
	5 to 7 years <input type="text"/>	3 to 4 years <input type="text"/>
	Less than 3 years <input type="text"/>	

7. Whether the proprietor has been associated with any of the Public Sector Banks/Regional Rural Banks/Cooperative Banks/Private Sector Banks/ Foreign Banks since 01.04.2013 upto the date of submission of application? e.g. as Concurrent Auditor / Revenue Auditor/ Income & Expenditure/ Inspection/Monitoring of borrowing sick units etc. excluding statutory audit (Y/N)	N
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(If yes, please fill up the following)

Details of association with Public Sector Banks/Regional Rural Banks/Cooperative Banks/ Private Sector Banks/ Foreign Banks from 01.04.2013 upto the date of submission of application.

Name of the Bank	Concurrent Audit (Y/N)	Internal/Stock/System Audit(Y/N)	Income & Expenditure/ Revenue Audit (Y/N)	Inspection (Y/N)	Monitoring of borrowing sick units # (Y/N)	Any other Assignment (Y/N)
						<input type="button" value="Add"/> <input type="button" value="Delete"/>

Both appointments made by the bank and/or concerned borrower

8. Whether the proprietor during the past calendar year indebted (including outstandings in respect of credit cards) or has given guarantee in respect of any loan etc.(for amounts exceeding Rs.1000/-) to any Public Sector Bank/Regional Rural Banks/ Cooperative Societies /Private Sector Banks/ Foreign Banks from 01.01.2014 upto the date of submission of application? (Y/N)	N
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(If yes, please fill up the following)

Details of indebtedness to bank or guarantee given in respect of any loan including outstanding of credit cards (For amounts exceeding Rs. 1,000) from 1.1.2014 to date of this application.

Name of the member/firm (Indebted/ Guarantor)	MRN/FRN (where applicable)	Name of the Bank
		<input type="button" value="Add"/> <input type="button" value="Delete"/>

9. Whether the proprietor was Director during the past calendar year in any Public Sector Bank/ Regional Rural Banks/ Cooperative Banks/ Cooperative Societies/ Foreign Banks/ Companies other than Public Sector Banks from 01.01.2014 upto the date of submission of application? (Y/N)	N
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(If yes, please fill up the following)

Details of Directorship

Name of the Entity	Name of the Proprietor	MRN
		<input type="button" value="Add"/> <input type="button" value="Delete"/>

10. Experience of Concurrent/Income and Expenditure or Revenue/System Audit of Bank Branches(including Foreign Banks, Private Sector Banks, Cooperative Banks) or Stock Audit/Audit of Borrowers' Accounts.	
(a) Does the firm have previous experience of audit referred above? (Y/N)	N
If yes, please fill in the no. of years of experience	
(b) Does the proprietor have experience referred above? (Y/N)	
If yes, please indicate '1' in the appropriate box	
10 years or more <input type="checkbox"/> 8 to 9 years <input type="checkbox"/> 5 to 7 years <input type="checkbox"/> 3 to 4 years <input type="checkbox"/> Less than 3 years <input type="checkbox"/>	

11. State the gross receipts (excluding Service Tax) of the applicant in the financial year 2012-13? Rs. (in lakhs)

12.(a) Income tax paid by the firm for financial year 2012-13? Rs. (in lakhs)

(b) Service tax paid by the firm during the financial year 2012-13? Rs. (in lakhs)

13. Whether the proprietor is living outside India? Y/N	N
If yes, please provide following details:	
MRN	Name
Address	
<input type="button" value="Add"/> <input type="button" value="Delete"/>	

14. Whether any disciplinary proceeding is pending in the records of the Institute against the proprietor/his paid CA employee(s)? (Y/N)	N
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15. Additional educational/Professional qualification cleared by the proprietor or Chartered Accountant employee

Name of the Proprietor/ Chartered Accountant employee	MRN	Name of the Course
<input type="text"/>	<input type="text"/>	<input type="text"/>

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16. Experience in audit under Section 142 (2A) of the Income Tax Act, 1961		
(a)	Does the firm have experience of audit referred above? (Y/N)	<input type="text" value="N"/>
	If yes, please fill in the no. of years of experience	<input type="text"/>
(b)	Does the proprietor have experience of audit referred above? (Y/N)	<input type="text" value="N"/>
	If yes, please indicate '1' in the appropriate box	
	10 years or more <input type="text"/> 8 to 9 years <input type="text"/> 5 to 7 years <input type="text"/> 3 to 4 years <input type="text"/> Less than 3 years <input type="text"/>	

17. Experience in Sales Tax/ VAT Audit		
(a)	Does the firm have experience of audit referred above? (Y/N)	<input type="text" value="N"/>
	If yes, please fill in the no. of years of experience	<input type="text"/>
(b)	Does the proprietor have experience of audit referred above? (Y/N)	<input type="text" value="N"/>
	If yes, please indicate '1' in the appropriate box	
	10 years or more <input type="text"/> 8 to 9 years <input type="text"/> 5 to 7 years <input type="text"/> 3 to 4 years <input type="text"/> Less than 3 years <input type="text"/>	

18. Experience of audit U/s 14A/14AA of the Central Excise Act, 1944.		
(a)	Does the firm have experience of audit referred above? (Y/N)	<input type="text" value="N"/>
	If yes, please fill in the no. of years of experience	<input type="text"/>
(b)	Does the proprietor have experience of audit referred above? (Y/N)	<input type="text" value="N"/>
	If yes, please indicate '1' in the appropriate box	
	10 years or more <input type="text"/> 8 to 9 years <input type="text"/> 5 to 7 years <input type="text"/> 3 to 4 years <input type="text"/> Less than 3 years <input type="text"/>	

19. Please fill in experience of the proprietor in the following sectors in last 5 years :

Name of the sector	Whether the proprietor has experience in Statutory Audit		Whether the proprietor has experience in Internal Audit	
	Y/N	Exp.(No. of years)	Y/N	Exp.(No. of years)
Life Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Life Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cooperative Societies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Capital Market intermediaries (including brokers, sub-brokers, depository participants, mutual funds etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aviation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shipping	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tele-communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Power	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manufacturing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infrastructure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Information Technology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Governments/Municipalities /Panchayat Institutions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oil and gas	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Government Organisation (NGO)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Programme Evaluation (International Donor-funded Projects)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Advertising	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Entertainment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Real Estate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Banking Finance Companies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Steel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chemicals,Petro Chemicals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fertilizers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tourism	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mining	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transport other than Shipping & Aviation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

20. Details of various Management Consultancy Assignments conducted by the firm in last 5 years.

Type of Assignments	Y/N	Please mention 5 clients ¹
Information Systems Audit	<input type="checkbox"/>	
Forensic Accounting and Auditing	<input type="checkbox"/>	
International Taxation	<input type="checkbox"/>	
IFRS Assignment	<input type="checkbox"/>	
Human Resources and Personnel	<input type="checkbox"/>	
Merger and Acquisition	<input type="checkbox"/>	
Capital and Debt Market	<input type="checkbox"/>	
Corporate Policy and Corporate Financial Matters	<input type="checkbox"/>	
IPO and Capital Issue	<input type="checkbox"/>	
Due Dilligence	<input type="checkbox"/>	
Schemes/Projects Sponsored by Central / State Government /Authority / Government Entity	<input type="checkbox"/>	
Consultancy Assignment (not covered in any of the above)	<input type="checkbox"/>	

¹Please mention experience if the said assignment has been conducted in the last 5 years

a) Listed Companies	<input type="text"/>
Out of Which	
Insurance Companies	<input type="text"/>
Mutual Funds	<input type="text"/>
Pension Funds	<input type="text"/>
NBFCs	<input type="text"/>
b) Non-Listed Companies including Private Limited Companies	<input type="text"/>
Out of Which	
Insurance Companies	<input type="text"/>
Mutual Funds	<input type="text"/>
Pension Funds	<input type="text"/>
NBFCs	<input type="text"/>
c) Trust /NPOs/NGOs	<input type="text"/>
d) Others	<input type="text"/>

1. Does the firm have experience in statutory audit of following co-operative Societies / institutions (General)	Societies engaged in	Y/N	No.of Years of Experience	Name of the Society (audit conducted in last 5 years)
Housing activities		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Marketing activities		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Consumer activities		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Manufacturing activities		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Processing activities		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sugar Factories activities		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Oil Factories activities		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Spinning Mills activities		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Dairy activities		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Handicrafts and other artisanal activities		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Agricultural Credit Societies		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Employees Credit/ Thrift Societies		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Credit Institutions		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Requirement of Urban Cooperative Banks/Other Cooperative Societies Panel

1. Whether the Partnership Firm/Proprietorship Concern/Member Practicing in individual name would like to be considered for audit of Urban Cooperative Banks? Y/N	N
2. Whether the Partnership Firm/Proprietorship Concern/Member practicing in individual name is ready to accept audit of Urban Cooperative Banks having deposits above Rs. 25 Crore? Y/N	N

3(a). Whether any of the partner(s)/proprietor of the firm or member practicing in individual name has attended Cooperative Study Course conducted by the respective Regional Council/Branch? Y/N	N							
If Yes, please provide following details.								
<table><tr><th>#</th><th>MRN</th><th>Name</th><th>Course conducted by</th><th>Month</th><th>Year</th><th>Course No.</th></tr></table>	#	MRN	Name	Course conducted by	Month	Year	Course No.	
#	MRN	Name	Course conducted by	Month	Year	Course No.		
		<div>Add</div>	<div>Delete</div>					

3(b). Whether any of the Chartered Accountant working as an employee with the applicant has attended Cooperative Study Course conducted by the respective Regional Council/Branch? Y/N	N							
If Yes, please provide following details.								
<table><tr><th>#</th><th>MRN</th><th>Name</th><th>Course conducted by</th><th>Month</th><th>Year</th><th>Course No.</th></tr></table>	#	MRN	Name	Course conducted by	Month	Year	Course No.	
#	MRN	Name	Course conducted by	Month	Year	Course No.		
		<div>Add</div>	<div>Delete</div>					

4. Whether any of the partner(s)/proprietor of the firm or member practicing in individual name has experience of statutory audit of Credit and other Cooperative Societies(other than UCB's)? Y/N	N
If Yes	
(a) How many partner(s) of the firm have such experience?	<div>0</div>
(b) How many partner(s) of the firm have such experience for more than 10 years?	<div>0</div>
(c) Mention such experience of proprietor of the firm or member practicing in individual name in no. of years.	<div>0</div>

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5. a) Cooperative Bank Statutory Audit experience of the partnership / proprietorship firm / member practicing in individual name in last 5 years.

Year	Name of the Banks	Address of the Banks
2012-13	<input type="text"/>	<input type="text"/>
2011-12	<input type="text"/>	<input type="text"/>
2010-11	<input type="text"/>	<input type="text"/>
2009-10	<input type="text"/>	<input type="text"/>
2008-09	<input type="text"/>	<input type="text"/>

b) Credit and other Cooperative Societies Statutory Audit experience of the partnership / proprietorship firm / member practicing in individual name in last 5 years.

Year	Name of the Societies	Address of the Societies
2012-13	<input type="text"/>	<input type="text"/>
2011-12	<input type="text"/>	<input type="text"/>
2010-11	<input type="text"/>	<input type="text"/>
2009-10	<input type="text"/>	<input type="text"/>
2008-09	<input type="text"/>	<input type="text"/>

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6. Whether any partner of the firm, proprietor, member practicing in individual name is a Director/Managing Committee Member of any Urban Cooperative Bank/ Credit & other Cooperative Society? Y/N

If Yes please provide following details

MRN

Name of member

Name and Address of the Bank/Society

Position held

Add

Delete

7. Whether the partnership firm,any partner of the firm, proprietor, member practicing in individual name is a Internal , Concurrent, Inspection, System, Tax auditor/Consultant or auditor/Consultant in any other capacity for any Urban Cooperative Bank/Credit and other Cooperative Societies? Y/N

If Yes please provide following details

MRN

Name of member

Name and Address of the bank/society

Nature of assignment

Add

Delete

8. Whether the partnership firm, any partner of the firm, proprietor, member in individual name is indebted to any UCB/ Credit and other Cooperative Society? Y/N

If Yes please provide following details

MRN

Name of member

Name and Address of the bank/society

Add

Delete

9 a) No. of UCB allotted for audit in last 3 Years Out of which UCB not audited.

b) Please give the status of(no. of) statutory audits of Credit and other Cooperative Societies conducted in last five years

Out of allotted audit, 100% is completed

Out of allotted audit, more than 75% is completed

Out of allotted audit, 50% to 75% is completed

Out of allotted audit, less than 50% is completed

No audit completed

10. In case the statutory audit could not be completed because of non availability of record for audit by the UCB/ Credit and other Cooperative Society in preceding three financial years, whether it is reported to the concerned registrar? Y/N

If Yes please provide following details

Financial Year

Name of the bank/society

Date of report (DD/MM/YYYY)

To whom submitted

Add

Delete

11. Whether the partnership firm/proprietor of the firm or member practicing in individual name has submitted special reports for administrative action in last five years? Y/N

If Yes please provide following details

Name and Address of the society

Date of Report (DD/MM/YYYY)

To whom submitted

Add

Delete

NOTE : Those applying for this panel should send : (1) Declaration (2) Copy of report submitted by the partnership firm / proprietor/ member practicing in individual name in cases where audit could not be carried out due to non availability of the records for audit by the society in the preceding three financial years.

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*** Declaration**

Application No.	
FRN	Unique Code No., if any allotted

I, the undersigned, as proprietor of M/s do hereby declare that the Information given in the prescribed form and annexure is complete and correct in all respects to the best of my knowledge and belief. I hereby declare that no separate application in individual name has been made. I undertake that I have gone through the "Points which shall be carefully read and be taken care for Multipurpose Empanelment Form (MEF) for the year 2014-15" hosted on www.meficai.org website and affirm that application is made in accordance therewith.

I recognise that if any of the instructions are not adhered to or any of the statements made in the application form or information furnished in the application form is not correct and/or incomplete, the application is liable to be rejected and/or I would be liable for disciplinary action under the Chartered Accountants Act, 1949, and Regulations framed thereunder.

Further, we are fully aware that If the information given is found to be false or incorrect. Our firm will be debarred from the panel of auditors of Urban Cooperative Banks and credit and other Cooperative Societies for two years.I hereby affirm that neither I nor any of the other partners of the firm shall separately apply for empanelment for audit of Urban Cooperative Banks, credit and other societies and the partnership firm shall be liable to be removed from the panel if it is found that multiple application have been made. We undertake to complete the audit if allotted by the cooperative Department and shall not subcontract the audit work to any other persons.

I hereby declare that audit/other assignment allotted on the basis of information furnished in the application form will not be accepted and carried out if the firm in whose name the application is made is not in existence at the time of audit.

In case, my application is selected for scrutiny by Professional Development Committee of the Institute, we undertake to submit additional information including financial documents, annual financial statements, income tax & service tax returns and such other documents.

I declare that the details of the applicant as on 01.01.2014 shown in the application is the same as that in the Constitution Certificate issued by ICAI.

Name of Proprietor	MRN	Mobile No.	E-mail ID	Signature #

Date	
Place	

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*1. The declaration should be signed by the proprietor in case of sole proprietary concern.

2. The signatures should correspond with those in the Institute's records.