

Government of Tripura
Office of the Mission Director
National Health Mission
State Health & Family Welfare Society
Palace Compound, Agartala, West Tripura.

F. 3(5-705)-FWPM/SHFWS/Audit(C)/2023

Dated,/04/2025

SELECTION OF AUDITORS - Expression of Interest

HIRING SERVICES OF CHARTERED ACCOUNTANT FIRM FOR CONCURRENT AUDIT OF STATE HEALTH & FAMILY WELFARE SOCIETY AND DISTRICT HEALTH & FAMILY WELFARE SOCIETY, TRIPURA (FOR THE FINANCIAL YEAR 2024-25) UNDER NATIONAL HEALTH MISSION (NHM)

Govt. of India (GoI) in partnership with the States is implementing the National Health Mission which comprises of various programs, with the objective of improving medical facilities seeks to provide accessible, affordable and quality health care to the population, especially the vulnerable section. To facilitate implementation of NHM, State and District level entities (Health Societies) have been registered which work under the administrative control of the Department of Health & Family Welfare. The State Health & Family Welfare Society, Tripura invites Proposals from **CAG empanelled Chartered Accountant firms having ICAI registration** and which meet all the minimum conditions as per the eligibility criteria given in Request for Proposal (RFP), for carrying out the concurrent audit of the State Health & Family Welfare Society and District Health & Family Welfare Societies for the financial year 2024-25 on monthly basis commencing from 1st April 2024.

The minimum monthly audit fees (including cost of TA/DA and taxes) for the State Health & Family Welfare Societies would be as follows:

| Sl. No. | Name | Audit Fees per Month (in Rs.) | Sl. No. | Name | Audit Fees per Month (in Rs.) |
|---------|---------------|-------------------------------|---------|---------------|-------------------------------|
| A. | State | 20,417/- | 4 | Khowai | 17,818/- |
| B. | District: | | 5 | West Tripura | 15,450/- |
| 1 | North Tripura | 13,767/- | 6 | Sepahijala | 17,110/- |
| 2 | Unakoti | 18,172/- | 7 | Gomati | 18,172/- |
| 3 | Dhalai | 15,400/- | 8 | South Tripura | 15,340/- |

Detailed Request for Proposal (RFP) comprising Background, Terms of Reference (ToR) and Guidelines for submitting the proposal can be downloaded from the State's website w.w.w.tripuratenders.gov.in between 29/04/2025 to 20/05/2025 upto 04.00 PM.

N.B.: Interested CA firms are also requested to update themselves regarding any modification/ corrigendum issued with the RFP by visiting the e-tender website from time to time.

Mission Director
National Health Mission
Govt. of Tripura

Critical Dates:

| | | |
|---|---|--|
| 1 | Date of Publishing | 28/04/2025 |
| 2 | Document download start date | From 29/04/2025 to 20/05/2025 upto 04.00 PM |
| 3 | Pre-Bid Conference | 05/05/2025, Time 11.30 AM |
| 4 | Place of Pre-Bid Conference | Office of the Mission Director Palace Compound, Agartala-799001, Tripura |
| 5 | Last date of clarification (Letter submit through e-mail) | 05/05/2025, Time 11.30 AM (no clarification will be allowed after above mentioned date & time) |
| 6 | Bid submission start date | 06/05/2025, Time 11.00 AM |
| 7 | Bid submission end date | 20/05/2025, Time 04.00 PM |
| 8 | Bid opening date | 22/05/2025, Time 11.00 AM if possible |
| 9 | Place of opening bids | Office of the Mission Director Palace Compound, Agartala-799001, Tripura |

Notes: All the above mentioned time are as per clock time of e-procurement website
<https://tripuratenders.gov.in>

Mission Director
National Health Mission
Govt. of Tripura

Request for Proposal (RFP)

For Appointment of Monthly Concurrent Auditor for State Health & Family Welfare Society (SH&FWS) & District Health & Family Welfare Societies (DH&FWS) for Audit of all programmes and funds under National Health Mission and Urban Health Mission.

[2024-25]

REQUEST FOR PROPOSAL (RFP)

State Health & Family Welfare Society, Tripura seeks to invite proposals from Firms of Chartered Accountants **registered with ICAI as on 01.01.2025 (CAG empanelled Chartered Accountants firms)** meeting the minimum eligibility criteria for providing their services for Monthly Concurrent Audit of State Health Society and District Health Societies for Financial year **2024-25**.

The details about the background of the auditee, the units to be covered in the audit, scope of work, terms of reference, and the eligibility criteria for selection of the C.A. firms are given in the following paragraphs.

Terms of Reference (ToR)

1. National Rural Health Mission (NRHM) of the Ministry of Health & Family Welfare (MoHFW) was launched on 12th April, 2005 by the Government of India (GOI) to improve medical facilities in the country. Since 2013-14 onwards the NRHM programme has been subsumed under the umbrella programme of the National Health Mission (NHM). NHM is overarching NUHM and also includes Communicable and Non-Communicable Diseases (NCD) as well. The NHM seeks to provide accessible, affordable and quality health care to the population, especially the vulnerable sections.
2. The NHM has provided an umbrella under which the existing Reproductive and Child Health Programme (RCH) (including RCH, Routine Immunization (RI), Pulse Polio Immunization(PPI) and National Iodine Deficiency Disorder Control Programme (NIDDCP)), Health System Strengthening under NRHM (including Other Health System Strengthening, Ayushman Bharat –Health & Wellness Centre (AB-HWC) and Asha Benefit Package (ABP) including facilitator payment, various National Disease Control Programmes (NDCPs) and Non-Communicable Diseases (NCDs) have been repositioned. National Urban Health Mission (NUHM) comprising of Other Health System Strengthening and Ayushman Bharat – Health & Wellness Centre (AB-HWC) has also been added in National Health Mission.
3. At present the following Programmes/Schemes fall under the National Health Mission:
 - Till FY 2021-22, fund release under NHM was as under the following (5) pools/components:
 1. NRHM-RCH Flexible Pool
 - A. RCH Flexible Pool
 - B. Health System Strengthening under NRHM
 2. National Urban Health Mission-Flexible Pool
 3. Flexible Pool for Communicable Diseases
 4. Flexible Pool for Non-Communicable Diseases, injury & Trauma
 5. Infrastructure Maintenance
 - With a view to provide more flexibility to States/UTs and improve financial utilization, Dept. of Expenditure w.e.f. FY 2024-25 has approved the merger of pools. The present arrangement of pools: -
 1. Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission
 2. Infrastructure Maintenance

3. Strengthening of National Programme Management Unit
4. **Institutional and Funding Arrangements:**
For the implementation of the above programmes, MoHFW has required the creation of an Integrated Health Society at the State and District levels (registered as a legal entity at the State and District under Societies Registration Act, 1860). Such integrated State Health Society (SHS) works in close coordination with the Directorate of Health & Family Welfare and District Health Societies (DHSs) work in coordination with the District Collector and District Chief Medical Officer (CMO). Program implementation is done through its District Chief Medical Officer's office, Blocks, Community Health Centres (CHCs), Primary Health Centres (PHCs), Sub- Centres (SCs), Rogi Kalyan Samities (RKS), Jana Arogya Samities (JAS) and Village Health Sanitation & Nutrition Committees (VHSNC). Certain activities may be managed at the State level such as drug procurement, IEC, civil works, training using specialized entities such as SIHFW, IEC Bureau, PWD, the Directorate of Health and Municipal Corporations for the urban health components.
5. **Funding & Accounting Arrangements:**
Funds for the various programs under NHM are transferred from the Pay & Accounts Office of MoHFW to the State Treasuries and then from Treasuries to the Single Nodal Account of Single Nodal Agencies of SHS functioning in the State. Government of India transfer funds in the form of Grants-in-Aid to State treasuries through RBI on the basis of respective State Programme Implementation Plans (SPIPs) and approved Annual Work Plans which are prepared on the basis of District Health Action Plans (DHAPs) of each of the districts in the State. Under the umbrella of the integrated SHS/DHS each program has separate bank account, separate books of accounts and other financial records as per the requirements of each program and also submit separate financial activity reports at varying frequencies to the respective monitoring units in MoHFW (GOI).
6. **Financing by Development Partners/ Donors:**
Some of the programs of NHM are also supported by development partners such as the Asian Development Bank (ADB), The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) /World Bank, etc. for which credit agreements have been entered into by GOI with the respective Development Partners. Compliance with specific fiduciary requirements of the Development Partners will additionally need to be reported by the auditors. Copies of the legal agreements and other project documents will be provided to the auditors, if needed, by SHS/ concerned Programme Division in the State.
7. **Objective**
The key objective of the concurrent Audit includes:
 - i. To ensure voucher/evidence based on payment to improve transparency
 - ii. To ensure accuracy and timeliness in maintenance of book of accounts
 - iii. To ensure timeliness and accuracy of periodical financial statements
 - iv. To improve accuracy and timeliness of financial reporting specially at sub-district levels.
 - v. To ensure compliance with laid down systems, procedures and policies
 - vi. To regularly track, follow up and settle advances on a priority basis
 - vii. To asses & improve overall internal control systems
8. **Scope of audit**
The responsibilities of the concurrent auditors should include reporting on the adequacy of internal controls, the accuracy and propriety of transaction, the extent to which assets are accounted for and safeguarded, and the level of compliance with financial norms and procedures of the operational guidelines.

The concurrent audit should be carried out both at State as well as District level.

The scope of work of "**State Concurrent Auditors**" is as follows:

- i. Audit of the SHS accounts and expenditure incurred by SHS
- ii. Verification of Quarterly FMRs with Books of Accounts.
- iii. Audit of Advance at the SHS level
- iv. Audit of the Provisional Utilization Certificates sent to GOI
- v. Monitoring timely submission of the District concurrent audit reports
- vi. Detailed analysis and compilation of the District concurrent audit reports
- vii. Vetting of the State Action Taken reports and providing observation thereon
- viii. Follow-up & monitoring over the ATRs prepared by district on the observations made in the audit
- ix. Preparation of Quarterly Executive summary to be sent to GOI in the prescribed format (**attached as Annexure –III**)
- x. Any other evaluation work, as desired by the State Audit Committee

The scope of work of "**District Concurrent Auditors**" is as follows:

- i. Review of the DHS Account and expenditure incurred by the DHS
- ii. Audit financial Statement of DHS
- iii. Certification of the statement of Expenditure
- iv. Review and analysis of the Age wise and Party wise Advances Report
- v. Comparison between financial and physical performance and analysis
- vi. Visit to sample blocks (in a way to cover all blocks in a year) and peripheral units
- vii. Filling in the checklist provided
- viii. Vetting of the district ATRs and providing observation thereon.
- ix. Any other evaluation works, as desired by the District Audit Committee

9. **Coverage**

1. The state Concurrent Auditor should ensure coverage of all the districts and the District Concurrent Auditor should ensure that all State Hospital, District Hospital, SDH, CHC & PHC are covered over the entire year.
2. For district containing upto 12 blocks, it needs to be ensured that at least one block is covered every month. For districts consisting of more than 12 blocks, it needs to be ensured that every block is covered atleast once during the year.
3. The audit plan should include a visit to 4 sub-centres and 4 VHSNCs located within the block selected for visit. The states may decide to increase the scope for the same.
4. The audit has to include accounts maintained under RKS / JAS (wherever applicable)

10. **Frequency**

Concurrent Audit will be carried out on a "monthly basis".

11. **Contents of Audit Report**

(A) Concurrent Audit Report of a "**State Health Society**" should contain the following financial statement and document.

- a. Duly filled in Checklist provided in the guidelines (**attached as Annexure –I**)
- b. Financial statement as prescribed
 - Audited Trial Balance
 - Audited Receipt & Payment A/c
 - Audited Income & Expenditure A/c
 - Balance sheet

- Audited SOE
- Bank Reconciliation Statement
- List of outstanding advances - Activity wise, Institution wise & Age-wise
- c. Observation and Recommendation of Auditor - particularly covering the following aspects :
 - Deficiencies noticed in internal control
 - Suggestions to improve the internal control
 - Extent of non-compliance with Guidelines issued by GOI
- d. Action Taken by State Health Society on the previous audit observation, along with his observation on the same.
- e. Reconciliation of Allocation of Approved RoP 2024-25 with that of Annual Expenditure 2024-25 and comment thereof.

(B) Concurrent Audit Report of a "**District Health Society**" should contain the following financial statements and documents

- a. Duly filled Checklist provided in the guidelines (**attached as Annexure –II**)
- b. Financial statements as prescribed
 - Audited Trial Balance
 - Audited Receipts & Payments A/c
 - Audited Income & Expenditure A/c
 - Balance Sheet
 - Audited Statement of Expenditure
 - Bank Reconciliation Statement
 - List of outstanding advances - Activity wise, Institution wise & Age-wise
- c. Observations and Recommendation of the auditor (including observation on blocks visited)
- d. Action Taken by District Health Society on the previous audit observations. Along with his observation on the same.
- e. Reconciliation of Allocation of Approved RoP 2024-25 with that of Annual Expenditure 2024-25 and comment thereof.

Notes:

1. Soft copy of the district audit report needs to be submitted to Director (finance) / State Accounts Manager at the state level.
2. The Director (Finance) / State Accounts Manager at the Centre may call for the concurrent audit report of any district/state.
3. The reports at both the state and district level will include consolidated report of all fund. In addition, it should also include instances of misappropriation/ unauthorised diversion of funds as noticed during the audit.

12. Quarterly Executive Summary

- The state is required to send a Quarterly Executive Summary to the Centre by compiling the observations from the State as well as District Concurrent Audits (**Format attached as Annexure III**).
- The executive summary should provide information on aspects like quality of FMRs, maintenance of books of accounts, advances, compliance with audit observations etc.
- It shall be signed by both the concurrent auditor and the Mission Director at state level and sent to the Mission Director, MOHFW.

13. **Reporting & Timing:** The Monthly & Consolidated Audit report of DHS should be submitted within the 60 (sixty) days from the issuance of LOA. The Audit report of SHS should be submitted within the 75 (seventy-five) days from the issuance of LOA. **Penalty clause for non-submission of concurrent audit report within scheduled time will be as follows:**

- a. **Imposition of 5% penalty for each month of delay.**

b. Delay beyond three months, contract may be terminated and 2nd lowest from the list may be appointed.

Concurrent Auditor needs to work minimum 36 working days for District Office & Health Facilities with minimum two Audit Persons (including Auditor) and 48 working days for State Office with minimum three Audit Persons (including Auditor). This needs to verify/ authenticated by the responsible office in charge. However, working period can increase as per State or District requirement.

14. **Re-appointment of Auditor:** The concurrent auditor appointed once can be retained/ reappointed for a maximum of two financial years i.e. current year and next year. However, the contract awarded should be for one year at a time and should be renewed next year on the basis of review of auditor's performance.

Few important points for auditors-

- Audit Reports must be submitted on a monthly basis.
- In case of districts/ blocks visited during the audit, the audit report should contain a separate checklist for each unit covered and respective observations should also be included.
- The audit report should also cover qualitative issues emerging from the audit other than the financial statements.
- Checklists should be thoroughly filled and each aspect is to be adequately elaborated. Observations reported on accounting and internal control issues should be properly detailed and substantiated.
- Financial statement of all fund should be included in the consolidated accounts and audit report.
- **State Health Society (SHS)/DHS reserves the right to accept or reject any application without giving any explanation and change the evaluation criteria as per its requirements in the interest of organization.**
- Certification of Audit Team Visit in health institutions are to be submitted in an **Annexure-IV** along with the audit report.
- Auditors will have to give accompany to the SHS/DHS during the period of Statutory Audit for the same year.

15. **Eligibility Criteria for State Health Society & District Health Society:** The firm must be
- (a) empanelled with C&AG for the year 2024-25 and registered with ICAI not before 01.01.2025;
 - (b) have at least 1(one) fellow members of the ICAI;
 - (c) have an average turnover of ` 20 lacs p.a. in the last three year;
 - (d) Firm must have an experience of more than five years in govt. accounting & auditing.
 - (e) Firm must have an experience minimum two years in NHM Audit (Concurrent Audit or Statutory Audit).

16. Guidelines for Submitting the Proposals:

- a) The original and all copies of the Technical Proposal shall be uploaded on the e-tender website (<https://tripuratenders.gov.in>). The tender documents will have to be downloaded from the website (<https://tripuratenders.gov.in>).
- b) Appointment and selection of the state level as well as district level concurrent auditors will be done by the State.
- c) The audit committee will fix up the base mark to consider the audit firm qualified in the technical bids. The financial bids of only technically qualified firms will be opened by the audit committee and audit should be awarded to the lowest bidder.

- d) If the lowest financial bidder does not agree to undertake the audit work within the prescribed audit fee or the audit committee deems it unfit for any reason (reasons to be recorded in writing), the job may be awarded to the next lowest financial bidder if the firm agrees to undertake the job. However, the work may only be awarded to a technically qualified bidder.
- e) In case same audit fee is quoted by two or more CA firms, the selection of auditor shall be done considering the following factors (priority-wise):-
(i) Score of technical evaluation,
(ii) Last three years average turnover of the firm.
- f) There is no bar on the auditor from applying for the audit of a different district in the state. But selection for audit will not exceed the limit of 30% of the districts, or 2(two) districts, whichever is lower.
- g) Financial proposals submitted by the firm should be valid for 6(six) months from the date of submission of the proposal by the firm.
- h) Each page, Form, Annexure and Appendices of the Technical Proposal must be signed by the Authorised signatory of the firm.

Technical & Financial Proposal will consist:

- i. Letter of Transmittal **(Form T-1)**
- ii. Details of the Firm along with Details of Partners **(Form T-2)**
- iii. Bill of Quantity **(BOQ)**

Technical Documents:

List of documents to be scanned and uploaded:

Documents to be kept in “My Document” folder of Bidder:- The following documents as per standard format detailed in bid document, or as per standard dictated by Regulatory/ Statutory bodies, shall be scanned and uploaded along with the bid document as per requirements.

| Sl No. | Name of the Documents |
|--------|--|
| 1 | Form T-1 |
| 2 | Form T-2 & T-2a |
| 3 | Latest Certificate of Firm Constitution as on 1 st January of the current year issued by ICAI |
| 4 | Letter of CAG empanelled for the year 2024-25 |
| 5 | Latest Income Tax Return duly acknowledged by IT Department |
| 6 | Latest GST Return |
| 7 | Last three years of audited balance sheet (2021-22, 2022-23 & 2023-24) |

Other Important Documents:

| Sl No. | Name of the Documents |
|--------|--|
| 1 | PAN Card |
| 2 | GST Registration |
| 3 | Firm's Staff Details (Form T-3a & Form T-3b) |
| 4 | Work order/Appointment letters from the auditee organizations (Form T-4, Form T-5 & Form T-6) |

For each above mentioned document, the bidders shall scan in **100 dpi resolution** into PDF and upload them.

Financial Documents:

BOQ (Bill of Quantity)

Mission Director
National Health Mission
Govt. of Tripura

Form T-1**Letter of Transmittal**

To,

.....
.....
.....

Dear Sir,

We, the undersigned, offer to provide the audit services for [*Name of State/District Health & Family Welfare Society*] in accordance with your Request for Proposal dated [*Insert Date*]. We are hereby submitting our Proposal, having details about the firm and proposed audit fees.

We hereby declare that all the information and statements made in this Proposal are true and accept that any misinterpretation contained in it may lead to our disqualification.

The Fees quoted by us is valid till six months from the date of submission of the proposal. We confirm that this proposal will remain binding upon us and may be accepted by you at any time before the expiry date.

Prices have been arrived independently without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any competitor.

We agree to bear all costs incurred by us in connection with the preparation and submission of the proposal and to bear any further pre-contract costs.

We understand that State/District Health & Family Welfare Society [*Insert Name of the State/District*] is not bound to accept the lowest or any proposal or to give any reason for award, or for the rejection of any proposal.

I confirm that I have authority of [*Insert Name of the C.A. Firm*] to submit the proposal and to negotiate on its behalf.

Yours faithfully,

()

Form T-2

**Expression of Interest for short listing Chartered Accountant Firms
for the audit of the accounts of State Health & Family Welfare
Society and District Health & Family Welfare Societies on a
Monthly Basis**

Status of the Firm **Partnership** _____ **Sole Proprietorship**

1. (a) Name of the firm (in Capital letters)

- (b) Address of the Head Office

(Please also give telephone no.
and e-mail address)

- (c) PAN No. of the firm

- (d) GST Registration No.

2. ICAI Registration No. _____ Region Name _____

Region Code No. _____

3. (a) Date of constitution of the firm:

- (b) Date since when the firms has a full time FCA:

4. Full-time Partners/Sole Proprietor of the firm as on 1st January, 2025:

| S. No. | Years of continuous association with the firm | Number of FCA | Number of ACA |
|--------|---|---------------|---------------|
| a) | Less than one year | | |
| b) | 1 year or more but less than 5 years | | |
| c) | 5 year or more but less than 10 years | | |
| d) | 10 year or more but less than 15 years | | |
| e) | 15 year or more | | |

Note: Please attach the copy of Firm's Constitution Certificate issued by ICAI as on 01.01.2025

5. Number of Part time Partners if any, as on 1st January, 2025

6. Number of Full time Chartered Accountant as on 1st January, 2025

7. Number of audit staff employed full-time with the firm:

- a) Qualified (Qualified CA in addition to partners) _____

- b) Semi-Qualified (CA inter) _____

- c) Other Professional Staff (B.com graduate or equivalent) _____
8. Number of Branches if any (Please mention _____
places & locations):
9. Total Average Annual Turnover of the firm in last three years _____
10. Whether the firm is engaged in any internal
or External audit or any other services _____ Yes/No
providing to any Govt. Company/Corporation
or co-operative institution etc.
(If yes, details may be given on a separate sheet)
11. Whether the firm is implementing quality control
Policies and procedures designed to ensure _____ Yes/No
that all audit are conducted in accordance with
Statements on **Standard Auditing Practices**.
(If yes, a brief note on the procedure adopted is to be enclosed)
12. Whether there are any court/arbitration/any
other legal case against the firm. _____ Yes/No
(If yes, give a brief note of the case indicating its present status)

Undertaking

I/We do hereby declare that the above mentioned information are true & correct and I /We also undertake to abide the terms & condition of the contract and would make compliance of terms laid-down in the contract if executed by us with the State SCOVA.

Date:

Place:

Signature of Proprietor/Sole Partner

Form T-2a**Details of Partners/Proprietor***(Please provide a self attested copy of Certificate of ICAI as on 1.1.2025)*

| Sl. no. | Name of Partners/Proprietor | Date of becoming ACA | Date of becoming FCA | Membership no. | Date of Joining of Firm | Qualification | Experience | Whether the Partner/Proprietor is engaged full time or part time with the firm | Contract mobile no., Email & Address |
|---------|-----------------------------|----------------------|----------------------|----------------|-------------------------|---------------|------------|--|--------------------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| ... | | | | | | | | | |

Form T-3a**Details of Qualified Staff (Qualified CA in addition to partners)**

(Please provide a self attested copy of Certificate of ICAI as on 1.1.2025 for each qualified staff)

| S. No. | Name of Staff | Length of Association with the Firm (in years) | Educational Qualifications | Area of Key Expertise | Membership No. | Relevant Experience |
|--------|---------------|--|----------------------------|-----------------------|----------------|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| ... | | | | | | |

Form T-3b**Details of Semi Qualified and Other Professional Staff**

| S. No. | Name of Staff | Length of Association with the Firm (in years) | Educational Qualifications | Area of Key Expertise | Membership No. (if any) | Relevant Experience |
|--|---------------|--|----------------------------|-----------------------|-------------------------|---------------------|
| Semi Qualified Staff (CA inter):- | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| ... | | | | | | |
| Other Professional Staff (B.Com graduate or equivalent):- | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| ... | | | | | | |

Form T-4Audit Experience of the Firm in Concurrent / Statutory Audit of **RCH/NHM Audit**

| S. No. | Name of the Audittee Organization | Type/Nature of Assignment | Duration of Completion of Assignment | Proof of the letter of Work or Assignment awarded by the Audittee Organization | |
|-----------|--------------------------------------|---------------------------------|---|---|--|
| | | | | Audi t Fee | Attachment Annexure No. |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| ... | | | | | |

Form T-5Audit experience of **Commercial/Statutory Audit** (except Bank /Insurance Branch Audit)

| S. No. | Name of the Audittee Organization | Type/Natur e of Assignmen t | Duration of Completion of Assignment | Proof of the letter of Work or Assignment awarded by the Audittee Organization | |
|-----------|--------------------------------------|---|--|---|--|
| | | | | Audit Fee | Attachment Annexure No. |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| ... | | | | | |

Form T-6Audit experience of **Externally Aided Projects/Social Sector Project** (excluding audit of charitable Org./Institutions & NGOs)

| S. No. | Name of the Audittee Organization | Type/Nature of Assignment | Duration of Completion of Assignment | Proof of the letter of Work or Assignment awarded by the Audittee Organization |
|-----------|--------------------------------------|---------------------------------|--|---|
|-----------|--------------------------------------|---------------------------------|--|---|

| | | | | Audit Fee | Attachment Annexure No. |
|-----|--|--|--|------------------|--------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| ... | | | | | |

TECHNICAL EVALUATION SHEET

The audit committee has to evaluate the bids submitted by interested firms on the following parameters:

| Sl No | Criteria | Remarks | Max Marks | Marks Obtained |
|-------|--|---|-------------|----------------|
| 1 | No. of Partner (FCA/ACA) | 3 marks for each FCA partner and 2 marks for each ACA Partner, subject to maximum of 5 marks. In case of Sole Proprietorship – 3 marks in case of FCA and 2 marks in case of ACA. | 5 | |
| 2 | Years of Partners Experience | 1 mark for each 1 completed year of experience of each partner with maximum 5 marks for each partner, subject to overall limit of 5 marks for all partners. In case of sole proprietorship 1 mark for each 1 completed year experience, subject to maximum 5 marks. | 5 | |
| 3 | Years of Partners associated with the firm | 1 mark for each 1 completed year of experience of each partner with maximum 5 marks for each partner, subject to overall limit of 5 marks for all partners. In case of sole proprietorship 1 mark for each 1 completed year experience, subject to maximum 5 marks. | 5 | |
| 4 | No. of Staff- i. Qualified (Qualified CA's in addition to partners) ii. Semi-Qualified (CA inter) iii. Others (B.com graduate or equivalent) | i) 5 marks for each Qualified CA subject to maximum 5 marks. ii) 3 marks for each Semi-Qualified (CA inter) subject to maximum 5 marks. iii) 1 mark for each other's (B.com graduate or equivalent) subject to maximum 5 marks. | 5 5 5 | |

| | | | | |
|--------------------|---|--|----------------|--|
| 5 | Nature of Experience- i. RCH/NHM Audit ii. Commercial/Statutory Audit iii. Externally Aided Projects/Social Sector Project (excluding audit of charitable Org./Institutions & NGOs) | i) 5 marks for each RCH/NHM completed Concurrent/Statutory audit subject to maximum 15 Marks. ii) 1 mark for each Commercial/Statutory completed Audit subject to maximum 15 Marks. ii) 1 mark for each Externally Aided Projects/Social Sector Project completed Audit subject to maximum 10 Marks. | 15 15 10 | |
| 6 | Head office in Tripura | 20 marks for CA Firm having Head Office in the State. | 20 | |
| 7 | Total turnover of the firm in last 3 years | Average turnover for last Three Years upto Rs. 20 Lacs – 3 Marks. 1 Mark for each addition 2 Lacs, subject to maximum of 10 marks. <i>(Note: Fractions should be ignored)</i> | 10 | |
| Total marks | | | 100 | |

Supporting Documents for Eligibility Criteria: Following supporting documents must be submitted by the firm along with the technical proposal:

For S. No. 1, 2, 3 & 6, the firm must submit an attested copy of Certificate of ICAI as on 01.01.2025.

For S. No. 4, the firm must give details of the staff.

For S. No. 5, the firm must submit a copy of the appointment letters from the auditee organizations.

For S. No. 7, the firm must submit a copy of the audit report for the last three years and copy of GST return.

Validate

Print

Help

Item Wise BoQ

Tender Inviting Authority: Department of Health and Family Welfare, National Health Mission, Government of Tripura

Name of Work: Hiring Services of Chartered Accountant Firm for Concurrent Audit of State Health & Family Welfare Society (SH&FWS) and District Health & Family Welfare Societies (DH&FWS), Tripura for the F.Y. 2024-25 under National Health Mission, Tripura

TENDER REF: No.F. 3(5-705)-FWPM/SHFWS/Audit(C)/2023 Dt./04/2025

Bidder Name :

PRICE SCHEDULE

(This BOQ template must not be modified/replaced by the bidder and the same should be uploaded after filling the relevent columns, else the bidder is liable to be rejected for this tender. Bidders are allowed to enter the Bidder Name and Values only)

| NUMBER # | TEXT # | NUMBER # | NUMBER # | NUMBER # | TEXT # |
|----------|-------------------------------------|--|-------------------------|--------------------|-----------------------|
| Sl. No. | Item Description | BASIC RATE In Figures To be entered by the Bidder in Rs. P | GST Amount in INR Rs. P | TOTAL AMOUNT Rs. P | TOTAL AMOUNT In Words |
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | AUDIT FEE (including cost of TA/DA) | | | | |
| 1.1 | SH&FWS | | | 0.00 | INR Zero Only |
| 1.2 | DH&FWS (West) | | | 0.00 | INR Zero Only |

| | | | | | |
|-----|---------------------|--|--|-------------|---------------|
| 1.3 | DH&FWS (South) | | | 0.00 | INR Zero Only |
| 1.4 | DH&FWS (North) | | | 0.00 | INR Zero Only |
| 1.5 | DH&FWS (Dhalai) | | | 0.00 | INR Zero Only |
| 1.6 | DH&FWS (Khowai) | | | 0.00 | INR Zero Only |
| 1.7 | DH&FWS (Sepahijala) | | | 0.00 | INR Zero Only |
| 1.8 | DH&FWS (Gomati) | | | 0.00 | INR Zero Only |
| 1.9 | DH&FWS (Unakoti) | | | 0.00 | INR Zero Only |