INVITATION FOR EXPRESSION OF INTEREST

Expression of Interest (EOI) is invited for appointment of Auditor for audit of NSeGS Accounts. Details are available in the Departmental website www.itngl.nic.in or www.nagaland.gov.in. Last date of submission is on or before 15 (fifteen)-days from the date of publication of this notice.

Sd/-

Kevekha Kevin Zehol, NCS
Director IT&C and
Member Secretary, NSeGS
Annexure 1

Application Form
For
Submission of Expression of Interest for Statutory Audit of Nagaland State E-Governance Society (NSeGS)
(Letterhead paper of the firm including full postal address, and telephone, facsimile and e-mail address)

To,
The Chief Executive Officer (CEO)
Nagaland State e-Governance Society
Department of Information Technology and Communication
Below New Secretariat Building, Thizama Road
Kohima : 797001 , Nagaland

Sir,
J/We the sole Proprietor/Partners of M/s Chartered Accountants do hereby jointly and severely verify and declare:

i. That the EOI is being submitted for Statutory Audit of NSeGS Program implemented by the Society under the Department of Information Technology and Communication, Govt. of Nagaland.

ii. That the particulars given are complete and correct and that if any of the statements made or the information so furnished in the application form is later found not correct or false or there had been suppression of material information, the firm would not only stand disqualified for the allotment, but would by liable for disciplinary action under the Chartered Accountants Act, 1949 and the regulations framed there under;

iii. That the firm proprietor or partners have not been debarred or cautioned by ICAI during the last five years (if cautioned given details);

iv. That individually we are not engaged in practice otherwise or in any other activity which would be deemed to be a practice under section 2 (2) of the chartered Accountants Act, 1949;

v. That the constitution of the firm as on 1st January of the relevant year shown in the Expression of Interest is the same as that of the Constitution Certificate issued by the ICAI.

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Name of the Partner/Sole Proprietor</th>
<th>Membership Registration Number</th>
<th>PAN No.</th>
<th>Dates of Payment of fee for the relevant year A/B*</th>
<th>Signature of Partner/Sole Proprietor</th>
</tr>
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</tbody>
</table>

A*-for Membership, B*- for issue of Certificate of Practice

Enclosures: ‘Capability Statement’ with total _______ pages
Capability Statement

Status of the Firm [ ] Partnership [ ] Sole Proprietorship (Please tick in appropriate box)

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

2. ICAI Registration No.

Region Name

Region Code No:

3. Empanelment number with C&AG of India

4. (a) Date of Constitution of the Firm:
   
   (b) Date since when the Firm has a full time FCA

5. Full-Time Partners (in case of Partnership firm)
   /Full time employees (in case of Sole Proprietorship firms) as on 1st January, 2010

6. Expected Audit Fee per Project INR

   (Please provide details in the table below)

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Continuous Association with the Firm</th>
<th>Number of FCA</th>
<th>Number of ACA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) Less than one year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) 1 year or more but less than 5 years</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td>(c) 5 years or more but less than 10 years</td>
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<td></td>
<td>(d) 10 years or more but less than 15 years</td>
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<tr>
<td></td>
<td>(e) 15 years or more</td>
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</tbody>
</table>

(Please attached the copy of the Firm’s Constitution Certificate issued by ICAI as on 1.1._____)

6. Number to Part time Partners if any, as on 1/1/2010
   (in case of Partnership Firm)

7. Number of full time Chartered Accountant(s) as on 1/1/2010

   __________________________
   __________________________

8. Number of audit staff employed full time with the firm
   a. Articles/Audit Clerks
   b. Other Audit Staff (With knowledge of bookkeeping and accountancy)
   c. Other Professional Staff (please specify)

   __________________________
   __________________________
(List to be attached for Sl. 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 audit or providing any other services to any Govt. Company/Corporation or Co-operative Institutions etc.
   Yes / No
   (if yes, details may be given on a separate sheet).

11. Whether the firm is implementing quality control Policies And procedures designed to ensure that all audit are conducted in Accordance with statements on Standard Auditing Practices
   Yes / No
   (if yes, give brief note of the cases indicating its present status)

12. Whether the firm has experiences in performing Internal/Statutory audit In the State of Nagaland
   Yes / No
   (if yes, details may be given on a separate sheet, specifying the name of clients)

13. Are there any court/ arbitration / Legal case (s) pending against the firm (if yes, give a brief note of the cases indicating its present status) Yes / No

14. Fees earned by the firm for the last 3 years. As per the table below:

<table>
<thead>
<tr>
<th>Type of Audit</th>
<th>Govt. Company/PSU/Autonomous Body/Co-operative institution</th>
<th>NGOs/Trust/Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statutory Audit/6-monthly audit review</td>
<td></td>
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<tr>
<td>Internal / Concurrent Audit</td>
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</tbody>
</table>

Total of the Above

(Signature of authorized Signatory of the firm and seal)

List of Annexure:

1. 
2. 
3. 