

Sl. No.	Particulars	Supporting Documents required to be submitted along with this form	Details
1	Name of the Firm		
2	Address of the Firm		
	Head Office		
	Date of establishment of the firm		
	Date since when the H.O. is at the existing station		
	Branch Office	Phone No.	
	1	Fax No.	
	2	Mobile of each Branch Office in-charge:	
	(particulars of each branch to be given)	Email ID	
3	Firm's Income Tax PAN No.	Attach copy of PAN card	
4	Firm's Service Tax Registration No.	Attach copy of Registration	
5	Firm's Registration No. with ICAI	Attach copy of Registration Certificate	
6	RBI Empanelment No.		
7	CAG Empanelment No.		
8	No. of years of Firm's existence		
9	Turnover of the Firm in last three years 1) Audit Fee, 2) Other Fee, 3) Total Fee		
10	Annual Average Turnover with Break-up of Fee towards Audit, Income Tax matters and others (specify)		
11.	• Details of Partners:		
	• Number of Full Time Partners associated with the firm		
	• Name of each partner		
	• Date of becoming ACA		
	• Date of becoming FCA		
	• Date of joining the firm		
	• Membership No.		
	• Qualification		
	• Experience		
	• Their contact Mobile No., e-mail and full address		
• Name of the partner/ paid Chartered Accountant having CISA/DISA qualified			
	Partner Name		
	Date		
	Digital Signature		

Note: Copy of proof of various empanelment and proof of allocation of Audit assignments of the banks mentioned above must be attached with the application.

Declaration:

1. We confirm that the information furnished herein are correct and fair in all respects and we have the necessary documentary proof to substantiate the same. It is further confirmed that in case any of the contents contained herein are found to be incorrect, Tourism Finance Corporation of India Ltd. is free to initiate any appropriate action against us.
2. We further declare that no adverse remark/disciplinary proceeding pending/initiated against the firm or any of its partner on records by ICAI.
3. We further declare that there have been no adverse comments/ qualification on our performance from the Management/ Audit Committee of the auditee Bank.

Partner
(Name)

Date:

Instruction : FORM B

Sl. No.	Name of Partner	Length of Association with firm in years	ACA year and No.	FCA year and No.	DISA year	Relevant Experience	Remarks

Partner Name :

Date :

Any other relevant information about the partners:

Details of Qualified Staff (Chartered Accountants)

(Please provide a self attested copy of Certified of ICAI for each qualified staff)

Sl. No.	Name of Staff	Length of Association with the Firm (in years)	Educational Qualification	Area of Key Expertise	Membership No.	Relevant Experience

Partner Name :

Date :

C. Details of Semi - qualified Staff (Including Article, Clerks etc.)

Sl.No.	Name of Staff	Length of Association with the Firm (in years)	Education Qualification	Area of Key Expertise	Relevant Experience	Remarks
Semi Qualified Staff :						
1						
2						
3						
Article Clerks :						
1						
2						
3						
Others :						
1						
2						
3						

Partner Name :

Date :

D. Experience of Audit in Public Sector Banks of the Country

Sl. No.	Name of the Auditee Bank	Type / Nature of Assignment	Duration of Assignment	Proof of the Letter of work or assignment awarded by the Auditee Bank

Partner Name :

Date :

E. Details of Partner, Qualified/Semi-Qualified Staff to be deputed for audit in TFCI

Sl. No.	Name of Staff	Length of Association with the Firm (in years)	Educational Qualification	Area of Key Expertise	Membership No.	Relevant Experience

Partner Name :

Date :

FINANCIAL BID

Sl. No.	Description of work	Fee quoted (In Rs.) (excluding service tax)
1	Statutory Audit for the financial year 2017-18 (Reserve Price-Rs.5,00,000/- excluding service tax)	

We understand that no additional fee shall be payable by TFCI for quarterly audit(3 quarters) and Internal Financial Controls(IFC) Reports in terms of Section 143(3) of the Companies Act, 2013.

For

(Authorised Signatory)