

INSTITUTE OF NEPHRO UROLOGY

(Government of Karnataka – Autonomous Institute – Regd. No. 1052/03-04)

(A Post Graduate Institute of Higher Medical Sciences,

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore.

Recognised by Medical Council of India)

Victoria Hospital Campus, Bangalore – 560 002.

Email : nephrourology.institute@gmail.com

Website : www.nephrourology.in



No. INU/SUP(1)/139/2015/16

Date: 29.03.2016

NOTICE INVITING EXPRESSION OF INTEREST

Scope of Audit:

Audit of the project is to cover followed tasks:

1. To audit the accounts of the Institute of Nephro-Urology and then to prepare annual audited accounts with respect to.
 - I. Receipt and Payment Account,
 - II. Income and Expenditure Account, and
 - III. Balance Sheet along with required schedules.
2. Records and reports of Institute of Nephro-Urology are to be verified which will facilitate verification of assets/facilities credited and established.
3. For the purpose the auditor will visit and conduct audit at institute of Nephro-Urology. All records will be made available. The auditor shall be entrusted with the following works and shall report on half yearly basis.
 - I. Checking of daily cash, bank & journal transactions to ensure
 - a. Transaction are recorded in principles of commercial accounting and are booked to proper accounting heads.
 - b. Transactions are undertaken on proper authority.
 - c. Transactions are duly supported by proper vouchers and supported by all the direct expenditure duly signed SOE/Utilization Certificates of the various activities from the expenditure reporting by Institute of Nephro-Urology.
 - II. Checking/Verification the maintenance of book of accounts and records
 - III. Checking/Verifications the Bank Reconciliation Statements.
 - IV. Checking/Verifications of Statement of Expenditure (SOE).
 - V. Reconciliation of Reimbursement claims filed.
 - VI. Checking/Verification of investments, short term deposits etc.
 - VII. Checking/Verification of component-wise, category-wise and account head-wise expenditure.

- VIII. Checking of various statutory compliances like Income Tax, Service Tax, VAT Etc.
 - IX. The Auditor shall comment on adequacy of the internal control mechanisms and suggestions to strengthen the same.
 - X. If any notices received from I.T Department shall be attended.
- 4. The Auditor shall directly report to the Director along with a copy of audit report with main findings, suggestions on various items indicated in his half yearly audit report, every six months by the 30th September/31st March after the close of the financial year
 - 5. Queries raised by audit party of Accountant General/CAG and Tax authorities should be met satisfactorily.
 - 6. Institute of Nephro-Urology are to be guided in all accounting matter so as to ensure compliance to accounting standard issued by Institute of Nephro-Urology from time to time.
 - 7. Timely compliance with all statutory provisions and returns under relevant Acts & Rules

Audit Standards:

The Audit will be carried out in accordance with the Auditing Standards promulgated by the Institute of Chartered Accountants of India. The auditors should accordingly consider materiality when planned and performing the audit to reduce audit risks to an acceptable level that is consistent with the objective of the audit. Although the responsibility for the preventing irregularity, fraud, or the use of credit/loan proceeds for purposes other than as defined in the legal agreement remains with the borrower, the audit should be planned so as to have a reasonable expectation of detecting material misstatement in the financial statement.

EOI Processing Schedules

No fees required for EOI processing.

Form of EOI

As annexed

Criteria for short listing of Auditing Firms

- I. The applicant of Auditing Firm shall be in the panel of C & AG
- II. Firm should have at least 5 years of experience of Audit Work of Central/ State Government Organization.
- III. The annual turnover of the firm shall be of INR 25 lakhs are more
- IV. The firm should have office in Bengaluru.

The firm needs to have at least 5 years experienced Auditing staff its pay roll to undertake responsibility.

Selection Method:

Selection is made on the lowest cost of the Services.

Duration of the contract is for One Year and extendable to Two years based on performance and approval from the Governing Council of Institute.

Further Information can be obtained at the address below during office hours i.e. 09.00 to 16.00 hours.

Submission of EOI

The EOI shall be submitted in a sealed envelope through Speed Post, Registered Post or delivered by hand super scribbling “Application form for Engagement of Chartered Accountancy for Institute of Nephro Urology on top of the envelope to the following address by 20.04.2016 before 4.00 P.M

Sd/-
Director
Institute of Nephro-Urology
Bangalore

Address:

The Director,
Institute of Nephro-Urology
Victoria Hospital Campus
K R Market
Bangalore-560 002

EXPRESSION OF INTEREST

(Letterhead paper of the applicant or Partner responsible for a consortium,
including full postal address, telephone no. and fax no.)

Date:

To,
Institute of Nephro Urology
Victoria Hospital Campus
K R Market
Bangalore-560 002

Sir,

1. Being duly authorized to represent and act on behalf of (hereinafter referred to as “ the Applicant”), and having reviewed and fully understood all of the information provided in the Notice Inviting Expression of Interest, the undersigned hereby expresses its interest in and applies to be prequalified and shortlisted by yourselves as a submitter of proposal for the Auditing services for the Capacity Development.
2. Attached to this Expression of Interest are copies of original documents defining:
 - a. The applicant’s legal status and
 - b. The place of incorporation or the place of registration and the nationality of the owners (for applicants who are partnership or individually-owned firms).
3. The Institute of Nephro-Urology and its authorized representative are hereby authorized to conduct any inquiries or investigations to verify the statements, documents and information submitted in connection with this Expression of Interest, and to seek clarification from our bankers and clients regarding any financial and technical aspects. This Expression of Interest will also serve as authorized on any individual or authorized representative of any institution referred to in the supporting information, to provide such information provided in this Expression of Interest, such as the human resources and competence of the Applicant.
4. The Institute of Nephro-Urology and its authorized representatives may contact the following persons further information:

Experience inquiries	
contact	Telephone
Personnel inquiries	
contact	Telephone
Financial inquiries	
contact	Telephone

5. This Expression of Interest is made with the full understanding that:
- a. All information submitted in this Expression of Interest for qualifications and selection for short-listing will be subject to verification at the time of submitting proposal by short-listing applicant.
 - b. The Institute of Nephro Urology reserves the right to reject or accept any application, cancel the qualification and selection for short-listing process at any stage and reject all applications.
 - c. The Institute of Nephro Urology shall not be liable for any such actions and shall be under no obligations to inform the Applicant of the grounds for them.
6. We confirm if we submit a proposal that proposal, as well as any resulting contract, will be:
- a. Signed so as to legally bind all partners, jointly and severally, and
 - b. Submitted with a consortium agreement providing the joint and several liability of all partners in the event the contract is awarded to us.
7. The undersigned declare that the statement made and the information provided in this Expression of Interest are complete, true and correct in every detail.

Signed	Signed
Name	Name
For and on behalf of (name of Applicant or lead partner of a joint venture)	For on behalf(name of partner)

Signed	Signed
Name	Name
For and on behalf of (name of Applicant or lead partner of a joint venture)	For on behalf(name of partner)

APPLICATION FORM FOR ENGAGEMENT OF CHARTERED ACCOUNTANCY FIRM FOR INSTITUTE OF NEPHRO-UROLOGY

1	Name of the Firm	
2	Authorized signatory of the Firm	
3	Year of Establishment	
4	Address of the Registered Office with Telephone No. Fax No. (with STD code) and e-mail	
5	C & AG Empanelment Registration Number and Validity	
6	Other Branches in the state, if any with addresses, Telephone No., Fax No.(with STD code)	
7	Category wise staff strength of the Firm	
8	Type of Services provided by the Firm	
9	Experience of the firm in working with National/State Level Government organizations, Development agencies, Societies etc.	
10	Details of work plan	
11	Profile of persons to be engaged in the work, both professional and support (CV's of professional persons duly signed by the persons concerned to be enclosed)	
12	Financial Proposal(Rs. Per annum)	
	Year	Auditing and other prof. cost
	1	2
	2015-16	
	2016-17	
	2016-18	
13	Signature of authorized signatory of the Firm with date, place and seal	