

अगर उजाला दिनांक 21-08-2019

जिला सहकारी बैंक लि., गाजियाबाद

प्रधान कार्यालय- आर.डी.सी. ए-20, राजनगर, पोस्ट बाक्स नम्बर- 110 गाजियाबाद (उ.प्र.)

दूरभाष-0120-2824884-86,2824890 फैक्स-0120-2704891 email-dcbgzb@yahoo.com

पत्रांक: आडिट/2019-2020/

दिनांक: 19-08-2019

सनदी लेखाकरों द्वारा "समवर्ती लेखा परीक्षण" हेतु विज्ञप्ति

जिला सहकारी बैंक लि०, गाजियाबाद की 33 शाखाओं एवं 01 बैंक मुख्यालय के लिए समवर्ती अंकेक्षण वर्ष 2019-2020 हेतु मासिक/ त्रैमासिक आधार पर समवर्ती लेखा परीक्षण हेतु सनदी लेखाकरों का न्यूनतम दर पर चयन किया जाना है।

इस हेतु सनदी लेखाकरों फर्मों के आवेदन आमंत्रित किए जाते हैं, जिन्हें 03 वर्ष से अधिक का राष्ट्रीयकृत बैंक/सहकारी बैंक का सांविधिक/कंकरेंट आडिट करने का अनुभव हो। अतः इच्छुक सनदी लेखाकार फर्म उपरोक्तानुसार बैंक के समवर्ती/अंकेक्षण काय क प्रस्ताव हेतु विस्तृत विवरण सहित स्पष्ट आवेदन पत्र दिनांक 31.08.2019 को सांय 5:00 बजे तक जिला सहकारी बैंक लि०, गाजियाबाद के मुख्य कार्यालय आर०डी०सी० ए-20, राजनगर गाजियाबाद (उ० प्र०) पिन कोड- 201001 के पते पर डाक/कोरियर से प्रेषित कर सकते हैं। आवेदन का विस्तृत प्रारूप, कार्य का स्वरूप बैंक मुख्यालय के आडिट अनुभाग में अनुभाग अधिकारी (आडिट) से प्राप्त/देखा जा सकता है।

(दिनेश कुमार सिंह)

मुख्य कार्यपालक अधिकारी,

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BIO-DATA FORMATE : EMPANELMENT FOR *concurrent* AUDIT

S. No.	Particulars	Details	
1	Name of the CA Firm (Partnership firm /proprietorship)		
2	Address of its Head Quater		Pin code
3	Landline Phone No/s. (with STD Code)	STD Code	
4	Name & Mobile No. of the nominated FCA partner/proprietor of the CA Firm to whom Bank may will contact., in connection with the assignment applied for.	Name :	
		Mobile/Landline No.	
		Email ID	
5	Fax No/s.		
6	E-mail address(es) of CA Firm		
7	Date since when working as Firm only. (ICAI Certificate be enclosed)		
8	Total experine as Concurrent Auditor in SCHEDULED COMMERCIAL BANKS/Coop. Bank as on 31.03.2018	Years :	Months :
		(Enclose all certificates)	
9	Registration No. of Firm with ICAI		
10	RBI Unique Code / UCN No.		

11.Detail of Branch/es of the CA Firm :

Name of Branch	Address (with Pin code)	Name of Branch Head	Landline No. (with STD Code)	Mobile No.	E-mail Address

12. Particulars of All Partners (Only full time partners/ propriter) (No staff details to be mentioned)

Sr. No.	Name	Age (in years)	ICAI membership No.	Whether passed DISA**/CISA (Xerox copies of the certificates to be enclosed)	Whether FCA or ACA	Mobile No.	E-mail address
Total Partners:			FCA :				
			ACA :				

13. Experience of migration Audit

Name of the Bank	Name of the Branch	Date:From	Date:To	Total Period

14. Whether the Firm or any partner has ever been debarred by ICAI/RBI. If yes, details be mentioned.

Sr. No.	Name of the Partner (Sh.)	Brief Reasons for Debar

15. Experience of any type of Audit/Consultancy/Other Service provided to any Cooperative Bank or Society.

Name of Bank/Society	Type of service performed	Period

16. CONSTITUTION

(Copy of Partnership Deed + Copy of Constitution Certificate issued by the ICAI certifying the constitution of the Firm, their branches & date from which it is continuing as a Firm (latest) to be enclosed)	
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17. Other Detail/s if any :

18. Certificate/s :

- I/We hereby confirm that the Firm/any partner is neither Statutory Auditor nor associate concern (as defined by RBI) of Statutory Auditors of Branches of Zila Sahkari Bank Ltd., Ghaziabad & have not been disqualified on any of grounds given under sec. 226 of the Companies Act. 1956.
- I/We also confirm that the details/information furnished above are / is true and correct. In case, any detail furnished above is found incorrect later on, the Bank has the right to terminate the assignment given, without giving any notice.
- I/We also undertake that we will not sub contract / sub assign the audit assignment.
- I/We hereby declare that we will not lobby directly or indirectly for consideration of any credit proposals of friends / relatives / clients / non clients of the Bank.
- I/We also hereby declare that if our name is included in the bank's list of approved CAs/Consultants, we will undertake to do the tasks entrusted to us in the best interest of the Bank.
- I/We shall also abide by the rules and regulations of the Bank in force from time to time and will always keep the bank's interest foremost in our mind..

19. Signature of All Partners/ propriter :

Sr. No.	Name (Sh./Smt.)	Signature	ICAI Membership No.	Office Seal

(Signature of all partners with Name and ICAI Membership No. & Office Seal)

Date: