



DISTRICT MINERAL FOUNDATION, JAIPUR

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Letter No: DMF/ 438 /2023

Date: 27/07/2023

EXPRESSION OF INTEREST (EOI) FOR ENGAGEMENT OF STATUTORY AUDITOR FOR THE FINANCIAL YEAR 2022-23

Expression of Interest (EOI) are invited from CAG empaneled Chartered Accountant firms for engagement as Statutory Auditor for the financial year 2022-23. The audit fee is stipulated to be Rs. 30,000/- (Rupees thirty thousand) only.

The scope of audit includes audit of all the implementing agencies in respect of DMF fund and also the PMU of DMF Cell. The audit report to be submitted within 30 days of receiving audit engagement letter from the undersigned. The auditor is also need to file Form-10B as per requirement of Income Tax Act, 1961.

The Expression of Interest in prescribed format (Annexure-1 enclosed) will be received at the address: DMF Cell, Collectorate, Jaipur Town, Dist- Jaipur, Pin-755001, Tel. 06728-222227 on or before Dt.07.08.2023 (by 5:00 PM) through Speed/ Registered post only and will be opened by the undersigned on Dt.08.08.2023 at 11.00 AM. No EOI shall be entertained after the specified date and time.

The undersigned reserves the right to reject any or all the EOIs without assigning any reason thereof.

**Collector & Managing Trustee
DMF, Jaipur**

Memo No. 439 Date: 27/07/2023

Copy to OSD to the Collector, Jaipur / ADM (General), Jaipur/ADM (Revenue), Jaipur/Tahsildar, Jaipur for information and requested to place the tender notice in the office notice board and copy to DIO, NIC, Jaipur for publication in the district web portal for wider circulation.

**Collector & Managing Trustee
DMF, Jaipur**

Address: -Collectorate, Jaipur, 1st Floor, Jaipur Town, Dist.- Jaipur - 755001

FORM FOR TECHNICAL PROPOSAL

SL NO.	PARTICULARS	Supporting Documents (self attested) required to be submitted along with this form
1	Details of the CA firm	
1.1	Name of the Firm	
1.2	Contract Details of the Firm	
1.3	Address of the Head office	
1.4	Phone No. Mobile No. of Contract person	
1.5	Fax No.	
1.6	Branch Offices: 1. 2. 3. (Attach separate sheet if necessary. Particulars of each branch including contract details to be given)	(Attach copy of ICAI Certification)
2	i. Date of establishment of the firm ii. Date since H.O. & B.O. are functioning at the existing station.	(Attach copy of ICAI certification)
3	Firm's Income Tax PAN No.	(Attach copy of PAN card)
4	Firm's GST Registration No.	(Attach copy of registration)
5	Firm's Registration No. with ICAI	(Attach copy of ICAI certification)
6	C & AG empanelment No.	(Attach proof of empanelment with C&AG for the year 2022-23)
7	No. of years of Firms existence & Date of establishment	(Attach copy of certificate issued by ICAI)
8	Turnover of the firm for last three years (in Rs.) 2019-20 2020-21 2021-22	(Enclose copy of Balance Sheet, Profit & Loss account duly audited for three years)
9	Audit experience of the firm	
9.1	Number of assignments in commercial/statutory audits.	i. Attach copy of the offer letter for each assignment. ii. Relevant evidence to be given of the turnover and fees.)
9.2	Number of assignments of audit of PSUs/ Govt. Undertakings/ Govt. Managed Schemes/Projects/ externally aided projects	

10	Profile of persons to be engaged in the work, both professional and support staff.	CVs of the professional staff to be engaged in this assignment to be enclosed, duly signed by the authorised person of the firm.)
11	Details of Partners:	
11.1	Number of full time fellow partners associated with the firm.	
11.2	<ul style="list-style-type: none"> • Name of each partner • Date of joining the firm • Membership number • Status-FCA/ACA • Date of becoming FCA/ACA • Highest qualification. • Experience (in years) • Type of engagement (Part time/Full time) • Contract details (correspondence address, e-mail, mobile No- 	Attach self-attested copy of Certificate issued by ICAI
12	Details of Audit staff:	
12.1	No. of audit staff engaged by the firm	
12.2	<ul style="list-style-type: none"> • Name of Audit Managers • Name of each audit staff • Date of Joining the firm • Highest qualification • Experience (in years) • Contract Details 	Attach self attested copy to the effect.

**Seal & Signature of Partner
Membership No.**