

# National Institute of Naturopathy (NIN), Pune

Date: 23.02.2018

## Quotation for Empanelment of Chartered Accountant

Sir,

The Institute desirous to hire the services of registered Chartered Accountants for its accounts related work.

The scope of work and Terms & Conditions are as follows:

- 1) Compilation of Accounts
- 2) Finalization of Accounts
- 3) Preparation of Trial Balance
- 4) Balance Sheet
- 5) Receipt & Payment and Income & Expenditure Accounts
- 6) Other accounts associated work e.g., checking of Bank Reconciliation Statement, etc.
- 7) Checking of Fixed Asset Register
- 8) Preparation of Form No.16
- 9) Checking/Filing of monthly/quarterly **E-filing** of return of Income Tax, TDS, and giving advice on all Tax related issues etc.
- 10) Attending to the queries of Government Auditors on the Account prepared by the Institute and any other associated services, as and when required.
- 11) Internal Audit :- All vouchers i.e. Cash & Bank and Total Transaction of the Institute  
Statutory Audit :- Income Tax, GST, etc.

Quotations are invited from CA firms fulfilling the following criteria:

1. Head Office of the firm should be located at Pune.
2. At least 05 staff should be with the firm.
3. Average annual turnover of the firm in each year for the last three financial years should be more than Rs. 9.00 Lakhs and the firm should have completed at least two similar assignments pertaining to Centrally Funded Educational Institutions during the last three years.

The firm qualifying the above criteria should apply to the undersigned in **Annexure A** (attached) addressed in a sealed envelope super-scribing "Quotation for Empanelment of Chartered Accountant Firm", so as to reach by 12<sup>th</sup> March, 2018 (5.30 p.m.) along with the following documents quoting the amount to be charged:

..2/-..

..2/-..

- 1) Constitution certificate of the firm as on 01.03.2018.
- 2) Audited annual accounts of the firm for the F.Y. 2014-15, 2015-16 & 2016-17.
- 3) Proof regarding experience of work performed pertaining to Centrally Funded Educational Institutions during the last 3 years.
- 4) Declaration regarding number of staff with the firm.
- 5) Any other relevant information.

**DIRECTOR**

**Quotation for Empanelment of Chartered Accountant**  
**(On the Letter Head of the Firm)**

To,  
The Director,  
National Institute of Naturopathy,  
Bapu Bhavan,  
Matoshree Ramabai Ambedkar Road (Tadiwala Road),  
Pune – 411001.

Sub: Quotation for Empanelment of Chartered Accountant Services.

Sir,

With reference to your Enquiry/Quotation notification No. \_\_\_\_\_ dt. \_\_\_\_\_ and on accepting the Terms & Conditions thereon, we hereby quote our rates for the above assignment.

Sl. No.	Description / Scope of Services	Amount
	Compilation of Accounts Finalization of Accounts Preparation of Trial Balance Balance Sheet Receipt & Payment and Income & Expenditure Accounts Other accounts associated work e.g., checking of Bank Reconciliation Statement, etc. Checking of Fixed Asset Register Preparation of Form No.16 Checking/Filing of monthly/quarterly E-filing return of Income Tax, TDS, GST and giving advice on all Tax related issues etc. Attending to the queries of Government Auditors on the Account prepared by the Institute and any other associated services, as and when required. Internal Audit :- All vouchers i.e. Cash & Bank and Total Transaction of the Institute Statutory Audit :- Income Tax, GST, etc. AS (As per Tender / Enquiry)  Tax / Service charges, if any.	
	<b>Total Rs.</b>	

(Rupees in words: \_\_\_\_\_ )

Documents attached:

Sl.No.	Documents Details	Please Tick
1	Constitution certificate of the firm as on 01.01.2018.	
2	Audited annual accounts of the firm for the F.Y. 2014-15, 2015-16 & 2016-17.	
3	Proof regarding experience of work performed pertaining to Centrally Funded Educational Institutions during the last 3 years.	
4	Declaration regarding number of staff with the firm	
5	Any other relevant information, please mention	

Yours faithfully,

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation with Seal \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No.: \_\_\_\_\_