

**GOVERNMENT OF SIKKIM**

**FINANCE DEPARTMENT**

**GANGTOK - SIKKIM**

**APPLICATION FORM FOR EMPANELMENT OF CHARTERED ACCOUNTANT FIRM**

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| **SL. NO.** | **PARTICULARS** | **INFORMATION** |
| **1** | **Rs.100/- Bank BR from only State Bank of Sikkim**  **(Application form fee)** |  |
| **2** | **Name of the Firm of Chartered Accountant** |  |
| **3** | **Registration No. of the Firm issued by ICAI** |  |
| **4** | **Date of constitution of the Firm** |  |
| **5** | **Constitution Certificate of the Firm issued by the ICAI**  **(please attach certificate)** |  |
| **6** | **Status of the Firm** |  |
| **7** | **Name of the Proprietor/Partners with status**  **(ICAI or ACA)** |  |
| **8** | **Membership No. of the Proprietor**  **(please attach certificate)** |  |
| **9** | **Certificate of Membership issued by ICAI**  **(please attach certificate)** |  |
| **10** | **Certificate of Practice issued by ICAI**  **(please attach certificate)** |  |
| **11** | **Complete full Address of the Head Office and the Branch with Telephone /Mobile/Fax number and e-mail Address.** |  |
| **12** | **Income Tax PAN of the Firm and of the Proprietor/Partners**  **(please attach certificate)** |  |
| **13** | **Empanelment code of RBI for Bank Audits**  **(please attach certificate)** |  |
| **14** | **Acknowledgement Copy of Income Tax Return**  **Of Firm/Proprietor for previous two years.**    **(please attach certificate)** |  |
| **15** | **Staff employed/Associates with the Firm**   1. **Professional Associated (PCA, ACS,MBA,**   **LL.B)**   1. **Audit Staff**   **(please attach certificate)** |  |
| **16** | **No. of Branches** |  |
| **17** | **Whether there are any Court/Arbitration or any**  **other Legal case/proceedings pending against**  **The Firm/proprietor** |  |
| **18** | **Proof of Payment of Membership fee and certificate of practice for the previous year.**  **(Proof required)** |  |
| **19** | **Indicate the Experience of the Firm**  **(Give details)** |  |
| **20** | **Empanelment with other State Government if**  **Any**  **(Give details)** |  |

**U N D E R T A K I N G**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the proprietor of M/S\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chartered Accountants, \_\_\_\_\_\_\_\_\_\_\_\_\_do hereby solemnly declare and undertake:-

1. That I am the authorized signatory for signing the documents on behalf of any firm M/S\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. That the particulars given above are complete, correct and true to the best of my knowledge.
3. That our Firm/Proprietor has not been debarred or cautioned by ICAI during the last three years.
4. That individually and collectively our firm is not otherwise engaged in practice of any other activity, which would deemed to be in practice under section 2 (2) of the Chartered Accountants Act,1949.
5. That I am a full time practicing Chartered Accountant and I am not engaged in any other business either individually or with any other firms of chartered accountants.
6. Our firm undertakes ensuring high quality of services to each client irrespective of its location and size. Our firm has gained in-depth experience in providing widest complete business advisory solutions with strong work ethics and total client focus and dedication. I certify that the name of qualified and experienced team of Auditors is correct.
7. Our firm undertakes to provide comprehensive Audit Compliance as required under the Rules/Laws of the State and to practice the same.
8. As and when required by Finance department, Government of Sikkim, we undertake to extend our services with regard to accounts audited and reports presented by us.

Thanking You,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chartered Accountant**

**Official Seal of Firm**

**Authorized Signature of the Firm**