

GOVERNMENT OF SIKKIM FINANCE, REVENUE & EXPENDITURE DEPARTMENT GANGTOK - SIKKIM

APPLICATION FORM FOR EMPANELMENT OF CHARTERED ACCOUNTANT FIRM

DARTICHIARS	INICODNATION
	INFORMATION
Registration No. of the Firm issued by ICAI	
Date of constitution of the Firm	
Constitution Certificate of the Firm issued by the ICAI	
(please attach certificate)	
Status of the Firm	
Name of the Proprietor/Partners with status (ICA or ACA)	
Membership No. of the Proprietor	
(please attach certificate)	
Certificate of Membership issued by ICAI	
(please attach certificate)	
Complete full Address of the Head Office and	
the B ranch with Telephone/Mobile/Fax with Email Address	
	Constitution Certificate of the Firm issued by the ICAI (please attach certificate) Status of the Firm Name of the Proprietor/Partners with status (ICA or ACA) Membership No. of the Proprietor (please attach certificate) Certificate of Membership issued by ICAI (please attach certificate) Certificate of Practice issued by ICAI (please attach certificate) Complete full Address of the Head Office and the B ranch with Telephone/Mobile/Fax with

11	Income Tax PAN of the Firm and of the	
	Proprietor/Partners	
	4-1	
	(Please attach Proof)	
12	Empanelment of Code of RBI for Bank Audits	
	(please attach certificate)	
13	Acknowledgement Copy of Income Tax	
	Return of Firm/Proprietor for previous	
	two years.	
	(Please attach Proof)	
14	Staff employed/Associates with the Firm	
	a) Professional Associates (PCA, ACS,MBA,LL.B)	
	b) Audit Staff	
	(Please provide details)	
15	No.of Branches	
16	Whether there are any Court/Arbitration or any other Legal case/Proceedings	
	pending against the Firm/Proprietor	
17	Proof of Payment of Membership fee and	
	certificate of practice for the previous	
	year.	
	(Proof required)	
18	Indicate the Experience of the Firm	
	(Give details)	
19	Empanelment with other State	
	Government, if any.	
	(Give details)	

<u>UNDERTAKING</u>

l,	the proprietor of M/S,
Charte	ered Accountants, do hereby solemnly declare and
under	take:-
a)	That I am the authorized signatory for signing the documents on behalf of my firm M/S
b)	That the particulars given above are complete, correct and true to the best of my knowledge.
c)	That our Firm/Proprietor has not been debarred or cautioned by ICAI during the last three years.
d)	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.
e)	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.
f)	Our firm undertakes ensuring high quality of services to each client irrespective of its location and size. Our firm have 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 are correct.
g)	Our firm undertakes to provide comprehensive Audit Compliance as required under the Rules/ Laws of the State and to practice the same.
h)	As and when required by Finance, Revenue & Expenditure 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 Signatory of the Firm