

Application Forms

- 1. Form 1 – Details of the Firm**
- 2. Form 2 – Details of Partners**
- 3. Form 3 – Details of Qualified Professionals**
- 4. Form 4 – Details of Experience in the last 5 years – Corporate Entity/
Public Sector Undertaking**
- 5. Form 5 - Details of Experience in the last 5 years – Infrastructure
Projects**

1. Form 1 – Details of the Firm

1. Name of the Firm															
2. Registration No. and date with ICAI	<please enclose copy of the Firm Certificate as on 01.01.2021>														
3. No. of years of existence															
4. Office Address in Chennai	<please enclose latest Firm Constitution Certificate issued by ICAI showing Branch Details>														
5. IT PAN No.	<please enclose copy of PAN>														
6. GST Registration No.	<please enclose copy of the GST certificate>														
7. Annual Turnover of the firm	<table border="1"> <thead> <tr> <th>Financial Year</th> <th>Avg. Turnover</th> </tr> </thead> <tbody> <tr> <td>FY 19-20</td> <td></td> </tr> <tr> <td>FY 18-19</td> <td></td> </tr> <tr> <td>FY 17-18</td> <td></td> </tr> <tr> <td>FY 16-17</td> <td></td> </tr> <tr> <td>FY 15-16</td> <td></td> </tr> <tr> <td>Average</td> <td></td> </tr> </tbody> </table> <please enclose audited P&L statements of the firm>	Financial Year	Avg. Turnover	FY 19-20		FY 18-19		FY 17-18		FY 16-17		FY 15-16		Average	
Financial Year	Avg. Turnover														
FY 19-20															
FY 18-19															
FY 17-18															
FY 16-17															
FY 15-16															
Average															
We hereby declare that we have adequate staff to undertake audit work at Chennai. The staff of _____ (total number of staff) includes Articles, Audit clerks and Professionals (CA/ICMAI).															
Date:															
Place:	Signature of the Partner of the Firm														

2. Form 2 – Details of Partners

S No	Name of the Partner	Membership No.	FCA/ ACA	Years of enrolment	No. of years associated with the firm

Enclose copy of the Latest Firm Constitution Certificate issued by ICAI (1st January 2021)

Date :

Place:

Signature of the Partner

3. Form 3 – Details of Qualified Professionals

S No	Name of the QA	Membership No.	Associate/ fellow membership of ICAI/ICMAI	Years of enrollment	No. of years of experience in practise

Enclose Latest Firm Constitution Certificate issued by ICAI showing list of CAs under employment or Membership Certificate of CA)

Date :

Place:

Signature of the Partner

4. Form 4 – Details of Experience in the last 5 years – Corporate Entity/ Public Sector Undertaking

S No	Name of the Corporate Entity/ Public Sector Undertaking (PSU)	Listed Corporate Entity or PSU (Y/N)	Nature of Audit	Year of Audit (Start date - end date)	Asset Size of Auditee	Average Annual Turnover of Auditee in last 5 years	Supporting document

Note: Kindly enclose Work Order/ Appointment Letter or Completion Certificate and Copy of the Profit and Loss Statement/ Balance Sheet of the auditee

Date :

Place:

Signature of the Partner

5. Form 5 – Details of Experience in the last 5 years – Infrastructure Projects

S No	Name of Infrastructure Project	Infrastructure Sub-sector (as per the notification of GoI dt. 24.08.20 enclosed)	Nature of Audit	Year of Audit (Start date to end date)	Supporting document

Note: Kindly enclose Work Order/ Appointment Letter or Completion Certificate

Date :

Place:

Signature of the Partner