

M/s. (Name of the Chartered Accountant Firm)

PROFILE / RESUME

I. GENERAL INFORMATION				
1. Name of the Partnership Firm				
2. Complete postal/communication address of the Head Office/Main Office				
3. Office telephone Number/Numbers				
4. Office FAX Number				
5. E-mail address				
6. Constitution/status, as on date				
7. Date/year of formation/ establishment of the Partnership firm				
8. Registration Number of the firm with date with Institute of Chartered Accountants of India (ICAI)				
9. Region code Number				
10. Registration Number of the firm with date (unique code Number) with Reserve Bank of India				
11. Service Tax Registration Number				
12. C&AG Empanelment Number				
13. Permanent Account Number (PAN) of the firm				
14. Number of partners				
15. Name, qualification, membership Number, year and other details (DISA qualification may also be mentioned)				
Name of the partners with Contact Number	Educational qualification	Membership Number	Year	Brief profile

16) Details of audit staff employed		
a) Qualified Chartered Accountants		
b) Semi qualified Chartered Accountants		
c) Retired/ex-bank officers		
d) Article/audit clerks		
e) Other assistants		
f) Total		
II. Past experience of the firm relating to various bank audits: (Scheduled Co-operative banks/ Scheduled Commercial Banks only)		
A. Statutory Branch Auditors		
Name of the Bank & Branches	No.of years	Period
B. Concurrent Auditors		
Name of the Bank & Branches	No.of years	Period
C. Treasury/Investment Auditors		
Name of the Bank & Branches	No.of years	Period
D. Accounts Dept. Auditors		
Name of the Bank & Branches	No.of years	Period
E. Tax Consultant /Tax Auditors		
Name of the Bank	No.of years	Period
F. Any other Special Audit/ assignments allotted by the bank		
Name of the Bank & Branches	Nature of assignment	Year
III. Details of Bank audit assignment currently on hand		
Name of the bank & Branches	Nature of audit	Year
IV. Details of various types of audit assignments of Citizencredit Co-operative Bank done in the past 10 years		
Name of the branch	Type of audit	Year
V. Areas of specialization of the firm/partners in Bank audits Specify below:		

VI. Any other relevant details/ particulars of the firm	
VII. Quotation for conducting the concurrent audit of the Bank :	
▪ Branch with advances of above Rs. 25.00 Cr. (Monthly Audits)	Rs._____ per branch
▪ Branch with advances below Rs. 25.00 Cr (Bi-monthly Audits)	Rs._____ per branch
VIII. Quotation for conducting the Audit of Depository Services (DEMAT Dept.) of the Bank:	
IX. Quotation for conducting the Audit of Investment & Trading (Treasury Dept.) of the Bank:	
X. Quotation for conducting the Audit of Accounts Dept. of the Bank:	

UNDERTAKING OF THE FIRM

We hereby declare that all the partners of the firm are full time practicing Chartered Accountants. We hereby declare that individually, no partner is engaged in practice otherwise or in any other activity which would be deemed to be in practice under Section 2(2) of the Chartered Accountants Act 1949. We hereby declare that neither our Firm nor any of the partners have been disqualified/ debarred/cautioned by ICAI during the last 5 years. We hereby declare that the firm is fully conversant with the principles of Accountancy, techniques of audit and various laws relevant to the profession. We hereby declare that the constitution of the firm as on the date shown in this Profile/Resume is the same as that of in the Constitution Certificate issued by the ICAI. (The latest copy of the Registration Certificate issued by the ICAI duly attested is enclosed for reference and records). We hereby declare and confirm that the above particulars are true, complete and correct and no other material information has been withheld. The above particulars/information/details are given on behalf of the firm, by the undersigned, who is authorized to do so.

PLACE:

Signature

Name of the Partner

Membership No.

DATE:

Name of the firm