ANNEXURE-IV

Application Form for Empanelment as Internal Auditor in MSEDCL

To,

The Chief General Manager (IA) MSEDCL, Internal Audit Section, First Floor, Prakashgad, Plot No.G-9, Anant Kanekar Marg, Bandra (E), Mumbai 400051.

Sr. No.	Particulars		supporting documents required to be Submitted along with this Form
1.	Name of the Firm		Firm Registration Certificate under ICAI
2.	Addresses of the Firm: Registered Head Office	Address:	/ICMAI
3.	Firm Income Tax PAN No.		Attach copy of PAN card
4.	Firm GST No.		Attach copy of Registration Certificate
5.	Registration No. with ICAI & ICMAI		Firm Registration Certificate issued by the ICAI/ICMAI
6.	No. of Years of Firm Existence & Date of establishment of Firm		Membership Extract from ICAI / ICMAI
7.	Details of Partners along with Professional Qualification & Experience	As per enclosed format -(A) & (B)	Self-Attested on letterhead of firm
8.	Audit Experience of the Firm No. of audit assignments of Internal /Statutory Audit of Corporate/ PSUs entities	As per enclosed format - (C)	Copy of Experience Certificate alongwith experience of Audit in SAP environment.
9.	Experience for Data Mining & Data Extraction		Self-attested declaration on letter head of Firm
10	Non-disqualification		Self-attested declaration on letter head of Firm
11.	Fees	As per enclosed format - (F)	Receipt of payment with UTR No.

Name of Partner	Member ship No.	Whether FCA/ ACA/FC MA/AC MA etc.	Date of joining the firm(full time)	Professional Qualifications	Area of key expertise ☆	Relevant Experience
	of	of ship No.	of ship No. FCA/ Partner ACA/FC MA/AC	of Partnership No.FCA/joining the firm(full MA/ACMA/ACfirm(full time)	of Partnership No.FCA/joining the firm(full MA/ACQualifications	of Partnership No.FCA/ ACA/FCjoining the firm(full time)Qualificationskey expertise

(A) Details of Full Time Partners of the Firm (as on 15.12.2022)

[Documentary proof, as previously indicated, to be submitted]

(B) Details of Qualified & Semi-qualified Staff (including Articles etc.) (as on 15.12.2022)

Sr. No	Name of staff	Duration of Association with the Firm	Professional Qualifications	Area of key expertise ☆	Relevant Experience

[Documentary proof, as previously indicated, to be submitted]

(C) No. of Internal Audit assignments including PSU Companies / Power Sector :

Sr. No	Financial Year	No. of Internal Audit assignments	Name of Auditee Organisation				
			PSU	Power Sector	Other than PSU/ Power Sector	Nature of Audit	Remarks
1							
2							
3							
4							
5							

☆ Note:- Area of key expertise may please be supported by relevant Certificates.

Sr. No	Branch	Detail Address Of Branch	City	Name Of Concern Branch Incharge	E-mail of Branch	Contact No. Branch office
1						
2						
3						
4						
5						
6						

(D) The details of Branch Offices of firms shall be enclosed in following format :

(E) Also, provide a brief description of the background of your firm for empanelment. The brief description should include both functional and sectoral experiences of the applicants. It should not exceed more than 2- pages.

Sr. No.	Bank Details			
1	Account Name	M S E D C L		
2	Bank Name	BANK OF MAHARASHTRA		
3	Branch Name	FORT - MUMBAI 400001		
4	Account Number	20045003931		
5	IFSC code	MAHB0000002		
6	Fees Paid	Rs. 1180/- (Rs. 1000/- plus G	ST)	
7	Payment Date	/ / 2023		
8	UTR/Ref. No.			

(F) Application fees shall be paid in following Account :

Fees shall be paid to above Bank Account through DD/NEFT/RTGS & receipt / payment deposited shall be enclosed with Application Form.

(G) Declaration

I/We (Name of Firm) having office at (address) bearing Registration No. do hereby solemnly state on oath that all the details mentioned herein above are true and correct. I/We have read & understood the terms and conditions of Expression of Interest for empanelment of Internal Auditor in MSEDCL as put up on the website of MSEDCL alongwith Annexures I to III and furnish the aforementioned details in the prescribed Application form. We hereby confirm the acceptance of all terms & conditions of EoI without any deviation.

For and on behalf of

Name of Firm :-Registration No.:-Name :-Designation :-Membership No.:-

Date: -

Place:-