



**INSTITUTE OF HUMAN RESOURCES DEVELOPMENT
PRAJEO TOWERS, VAZHUTHACADU, THIRUVANANTHAPURAM-14**

No. FinC2/12072/2017/HRD

Dated: 09.11.2017

NOTIFICATION

The Guideline Notification (No. CA(7)/03/2016) issued by ICAI on 07.04.2016, inter-alia, mandates fixing of minimum fee while inviting tender from Chartered Accountants. Accordingly, in furtherance to the Notification no. FinC2/12072/2017/HRD dt 25.10.2017, the minimum fee for the proposed audit is fixed at Rs. 1,20,000/-. The last date for the receipt of competitive bids is extended to **25.11.2017, 4 PM** and date of opening of bids will be 27.11.2017, 12PM. All the other conditions will remain the same.

CHAIRMAN & MANAGING TRUSTEE
IHRD Employees CPF Trust

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NOTIFICATION

APPOINTMENT OF AUDITORS FOR CPF TRUST UNDER IHRD

IHRD is an autonomous Educational Institution established by the Government of Kerala during 1987, registered under the Travancore- Cochin Literary, Scientific and Charitable Societies Registration Act 12 of 1955. It is a group of 87 institutions and approximately 1300 number of employees are participants in the CPF account. The Provident Fund of the employees is maintained by a trust constituted by IHRD, with separate bank account. Competitive bids are invited from registered Chartered Accountants/ Accounting firms who satisfy the following conditions, to audit the PF accounts maintained by IHRD CPF Trust for the financial year 1999-2000 to 2016-2017.

CONDITIONS FOR THE APPOINTMENT OF AUDITORS FOR IHRD CPF TRUST

1. Applicants should have 3 years experience in certification of accounts of Government owned charitable societies/ autonomous bodies etc.
2. Applicants should attach proof of experience and qualification.
3. The audit of CPF accounts of IHRD for the period from the financial year 1999-2000 to 2016- 2017 should be conducted within three months and submit 5 hardcopies of signed Audit report before the management. Soft copy of Audit report should also be shared.

4. The auditors have to take necessary steps to obtain exemption of TDS from the interest earned on the fixed deposits of the CPF Fund from the Income Tax Authorities and to maintain exemption under rule 3(1) of Part A of the fourth schedule of the IT Act. (1961)
5. The auditors have to examine the mode of investment of the amount in the CPF account for availing the benefit under the IT Act.
6. The fee of the audit must include audit fee for dealing with the income tax offices in connection with filing of income tax return so as to enable IHRD CPF Trust to avail the exemption eligible.
7. The appointment is for the specific period and purpose. It will not be extended or changed under any circumstances.
8. Applicants have to submit their bids in the prescribed format in sealed envelope addressed to "The Chairman & Managing Trustee, IHRD Employees CPF Trust, Prajoe Towers, Vazhuthacaud, Thiruvananthapuram" superscripted "Bid for the Appointment of Auditors for CPF TRUST" on or before **18.11.2017, 4 PM**
9. The sealed bids will be opened on 20.11.2017, 12.00PM

CHAIRMAN & MANAGING TRUSTEE
IHRD Employees CPF Trust

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APPLICATION FORM

1.	Name of the Firm & Registration Number	
2.	Address of the firm	
3.	Phone number Office no Mobile no.	
4.	Email	
5.	Branch Office (if any) 1. 2. 3.	
6.	Number of years of firm existence & Date of establishment of firm	
7.	Registration with ICAI	
8.	Details of partners along with Educational Qualification & Experience	
9.	Number of Qualified auditors	
10.	Number of Audit Staff in the firm	
11.	Audit experience of the firm during last three financial year (No. of audit assignments of Internal/ Statutory Audit of Corporate/PSUs /Autonomous Institution)	
12.	Details of Internal/Statutory Audits of Corporate/PSUs/ Autonomous Institution	
	Financial Year	Name of the Corporate/PSUs/ Autonomous Institution
	2016-17	
	2015-16	
	2014-15	
		Type of Audit (Statutory/ Internal)

13.	Audit fee (Inclusive of TA/DA, Service Tax and cess on Service tax) for the entire work	Rs (Rupees.....) <i>Both in numeric and words</i>
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I/We _____ on behalf of M/s _____
_____ (Name of Firm) having Registered Office at
_____(Address) bearing Registration
No._____(Firm Reg. No.) do hereby solemnly state that all the
details mentioned herein above are true and correct.

Signature along with Seal of CA/ICWA Firm

Name _____

Designation _____

Membership No. _____

Date:

Place: