

**Expression of Interest for short listing Chartered Accountant
Firms for the audit of the accounts Odisha Adarsha Vidyalaya Sangathan**

Status of Firm Partnership Sole Proprietorship

1. (a) Name of the firm(in Capital letters) _____
- (b) Address of the Head office _____
(Please also give telephone no. _____
& email address) _____
Address of the Branch office _____
- (c) PAN No. of the Firm _____
- (d) GST No. of the Firm _____
- (e) Category of the Firm (I/II/III/IV) _____

2. ICAI Registration No. _____ Region Name _____ Regional Code No _____

3. (a) Date of constitution of the Firm: _____
(Attach constitution certificate as on 01.01.2019)
- (b) Date since when the firms has a full time FCA _____

4. Full-Time Partners/ Sole Proprietor fo the firm as on 01.01.2019(please fill up Annex (A-1)

Sl. No.	Years of continuous association in the firm	Number of FCA	Number of ACA
(a)	Less than one year		
(b)	1 year or more but less than 5 years		
(c)	5 years or more but less than 10 years		
(d)	10 years or more but less than 15 years		
(e)	15 years or more		

5. Number of Part Time Partners if any, as on 01.01.2019 _____
(Please fill up Annex A-2)

6. Number of Full Time Chartered Accountant Employees _____
As on 01.01.2019(Please fill up Annex A-3)

7. Number of audit staff employed full time with the firm
 - (a) Articles/ Audit Clerks _____
 - (b) Other Audit Staff (with knowledge of book Keeping and accountancy) _____
 - (c) Other Professional staff (please specify) _____