



# CO-OPERATIVE ACADEMY OF PROFESSIONAL EDUCATION

(Established by the Government of Kerala)

No.Acc-1/4080/2017-18/CAPE

27.12.2017

## NOTIFICATION

### APPOINTMENT OF STATUTORY AUDITORS UNDER CAPE FOR THE YEAR 2015-16, 2016-17 & 2017-18

Co-operative Academy of Professional Education(CAPE) was Established by the Government of Kerala as per GO(MS)No.52/99/Co-op dated 26.03.1999, registered under the Travancore-Cochin Literary, Scientific and Charitable Societies Act 1955. CAPE is a group comprising of 12 institutions all over Kerala as follows

Sl No	Name of Institution
1	CAPE HO, Thiruvananthapuram
2	College of Engineering Muttathara, TVPM
3	College of Engineering Pathanapuram, Pathanamthitta
4	College of Engineering Perumon, Kollam
5	College of Engineering Aranmula, Kollam
6	College of Engineering and Management Punnapra, Alappuzha
7	College of Engineering Kidangoor, Kottayam
9	College of Engineering Vadakara, Kozhikode
10	College of Engineering Thalassery, Kannur
11	College of Engineering Trikaripur, Kasaragod
12	Kerala Institute of Management Punnapra, Alappuzha
13	Kerala Institute of Making the Best Punnapra, Alappuzha
14	Sagara Hospital Punnapra, Alappuzha

Competitive bids are invited from registered Chartered Accountants/Accounting firms who satisfy the following conditions, to audit CAPE head office and 12 institutions under CAPE all over Kerala for three financial years viz 2015-16, 2016-17 and 2017-18 and College of Engineering Muttathara for the year 2016-17 and 2017-18.

#### Terms and conditions

1. Applicants should have 3 years experience in certification of accounts of Government owned charitable societies/autonomous bodies etc.
2. The bid shall be for the entire three financial years and the bid amount shall also be for three years taken together.
3. Applicants should attach proof of experience and qualification.



4. The firm should conduct audit yearly basis and submit their report to the Director CAPE as shown below.

Year	Period of completion
2015-16	2 months after executing agreement
2016-17	3 Months after executing agreement
2017-18	5 months after executing agreement

5. The Audit report should contain stream-wise review of Receipt & Expenditure indicating surplus/deficit statements in each case indicating measure for improvement.
6. The minimum fee for the three year period is fixed at Rs.4,50,000/-(inclusive of TA/DA/Taxes etc)
7. Pro-rata payment of audit fee will be considered on completion of each year's audit
8. The appointment is for the specific period and purposes. It will not be extended or changed under any circumstance.
9. Applicants have to submit their bids in the prescribed format in sealed envelope addressed to the Director Co-operative Academy of Professional Education(CAPE). 1<sup>st</sup> floor, CO-BANK Towers, Vikas Bhavan PO, Thiruvananthapuram-695 033 superscripted "Bid for appointment of Statutory Auditor(2015-16 to 2017-18) on or before 12.01.2018, 2 PM
10. The sealed bids will be opened on 12.01.2018, 2.30 PM

  
DIRECTOR  
CAPE

CS  
29/12/17  
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**APPLICATION FORM FOR THE APPOINTMENT OF  
AUDITORS FOR CAPE**

1.	Name of the Firm & Registration Number	
2.	Address of the firm	
3.	Phone number Office (LL) Mobile	
4.	E-mail	
5.	Branch Office (if any) 1. 2. 3.	
6.	Date of establishment of firm and computed years of existence	
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 years (No. of audit assignments of Internal/Statutory Audit of Corporate/PSUs/Autonomous Institution)	



12	Details of Internal/Statutory Audits of Corporate/PSUs/Autonomous Institution		
<b>Financial Year</b>		<b>Name of the Corporate/PSUs/Autonomous Institution</b>	<b>Type of Audit (Statutory/Internal)</b>
2016-17			
2015-16			
2014-15			
13.	Audit fee ( Inclusive of TA/DA, GST etc.) for the entire work	Rs..... (Rupees.....) <i>Both in numeric and words</i>	

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:**