|  |  |  |
| --- | --- | --- |
|  | **Government of India**  **FALTA SPECIAL ECONOMIC ZONE AUTHORITY**  **Department of Commerce**  **Ministry of Commerce & Industry**  **Nizam Palace, 2nd MSO Building, 4th Floor 234/4 AJC Bose Road, Kolkata-700 020 Phone:2287-2263,2287-7923,2281-3117 Fax : (033)2287-3362 /Email:** [**fsez@nic.in**](mailto:fsez@nic.in)**Website:** [**https://fsez.gov.in**](https://fsez.gov.in) |  |
| Request for Proposal (RFP)  Request for Proposal (RFP) is invited from Chartered Accountant Firms having office at Kolkata and with prior experience in conducting Internal Audit, to be engaged for FALTA special Economic Zone Authority for the FY 2022-23.  Interested Firms may visit for the details of RFP from **Website:** [**https://fsez.gov.in**](https://fsez.gov.in). The last date for receipt of proposal is 23.06.2023 up to 14:30 Hrs.  Date: 16.06.2023  Place: Kolkata  -Sd/-  **Secretary** | | |
| **Falta SEZ Authority** | | |
|  | | |

**Standard**

**Procurement Documents**

**Request for Proposals**

for

***Internal Auditor for Internal Audit of FALTA Special Economic Zone Authority F.Y.2022-23***

# Section

# Letter of Invitation

No. FSEZA/5(73)/2023/ Date: 16-06-2023

Sir/Madam,

***About the Organization***

1.This is an Export Processing Zone at Falta, West Bengal established by Government of India in the year 1983 vide Ministry of Commerce Resolution No.14/13/82-EPZ dated 29-09-1983. The Zone covering three remote villages viz. Akalmegh, Nainan and Simulberia in PS – Diamond Harbour, District 24 Parganas (South) was established at a distance of about 55 Kms. to the south of Kolkata Business District on the eastern bank of the river Hooghly. The total area of 280 acres consisted of transfer of lease of land of Shyama Prasad Mookerjee Port (erstwhile Kolkata Port Trust of about 193 acres and 87 acres of acquired land. The objective was to set up the Export Processing Zone with modern, state-of-the art infrastructure and support facilities and services to facilitate export from the Zone as may be competitive both in terms of cost and quality. Subsequently Falta Export Processing Zone was converted into Special Economic Zone vide Ministry of Commerce & Industry Resolution No.6/8/99-EPZ dated 13th December, 2002.The Special Economic Zones had come under the purview of SEZ Act, 2005 & SEZ Rules, 2006 with effect from 10th February, 2006 in terms of Notification No.S.O.196(E)dated 10th February, 2006 under the SEZ Act & Rules.

For the Applicant

1. The requested proposal should be submitted no later than 23*-06-2023, with in 14.30 Hrs by hand/courier/speed post* to the below address.

To The Asst. Development Commissioner , FALTA SEZ, Nizam Palace, 2nd MSO Building, 4th Floor 234/4 AJC Bose Road, Kolkata -700020.

1. The proposal must remain valid for 30 (Thirty) days after the above submission date. During this period, the applicant shall maintain the availability of professional staff nominated in the proposal.

# Section-II

# Instructions to Applicants

1. A two-envelope system is to be used. A) Technical proposal B) Financial proposal.
2. Both the envelopes should be closed and kept in another envelop to be super scribed as RFP for Internal Audit. The address of the applicant needs to be clearly mentioned on the envelope.
3. All bidders are required to comply with Policy on Preventing Fraud and Corruption in its Activities and Operations.

# III. Technical Proposal-Standard Form

**Form-A**

**(TO BE SUBMITTED ON APPLICANT FIRM’S OWN LETTER HEAD)**

**COVERING LETTER FOR SUBMISSION OF OFFER**

From :

Our Ref: Dated

**SUBJECT:** Appointment of CA Firms for conducting Internal Audit of FALTA SEZ Authority.

Dear Sir,

Please find herewith our offer in line with requirement of FALTA RFP document.

We confirm that the:

1. Offer is incomplete compliance with the requirements of RFP Document and there is no deviation in the offer.
2. We understand that any deviation in the proposal shall render our offer liable for rejection.
3. Ourproposalshallremainvalidforaperiodof30daysfromthedateofopeningofproposal.

We declare that the statement made and the information provided in our proposal is true and correct in all respects. In case, it is found that the information/ documents provided by us are incorrect / false, our application shall be rejected by FALTA without any reference to us.

Thanking You,

Yours Sincerely,

(Signature of Authorized person)

Full Name:

Membership No. Designation:

Date:

**FORM–B**

**Applicant Firm’s General Information**

## (TO BE SUBMITTED ON APPLICANT FIRM’S OWN LETTER HEAD)

* 1. Applicant firm Name:\_
  2. Lead Partner/Managing Partner of the firm: \_
  3. Date of Birth/Registration/Incorporation:

(Latest ICAI Firm Constitution Certificate to be provided)

* 1. Address of Registered Office:
  2. Address of Local Office in Kolkata:
  3. Telephone No.
  4. E-mail address
  5. Website
  6. CA firm Registration Number \_
  7. GST Registration No.(GSTIN) \_
  8. Permanent Account Number(PAN) \_

Signature of applicant firm:

Firm No.

Full Name of authorized person:

Membership No.

## Note: The self-attestedcopiesofdocumentsatSl.No.3,10 and11tobeattached.

**Form-C**

## DETAILS OF ELIGIBLE PARTNERS,OTHER QUALIFIED PROFESSIONAL(S)AND STAFF(S), IFANY

1. **Partners:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SL.**  **NO.** | **NAME & DESIGNATION** | **DOB & AGE(AS ON 31/03/2023)** | **DATE OF INDUCTION IN THE FIRM** | **QUALIFICATION** | **MEMBERSHIP NO.& DATE OF REGISTRATION AS FCA/ACA/FCMA/ ACMA** | **RELEVANT EXPERIENCE IN AUDIT**  **MATTERS** | **DISA/CISACERTIFIED(YES/NO)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## Qualified Professional:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SL.**  **NO.** | **NAME &DESIGNATION** | **DOB & AGE(AS ON31/03/2023)** | **QUALIFICATION** | **MEMBERSHIP NO. & DATE OF REGISTRATION AS FCA/ACA/FCMA**  **/ACMA** | **RELEVANT EXPERIENCE IN AUDIT MATTERS** | **DISA/ CISA CERTIFIED**  **(YES/NO)** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

1. **Semi-qualifiedStaff:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL.**  **NO.** | **NAME &DESIGNATION** | **DOB&AGE**  **(ASON31/03/2023)** | **QUALIFICATION (INTERCA/ INTERCMA)** | **INTERMEDIATE(OREQUIVALENT)**  **CERTIFICATE NUMBER AND DATE OF CERTIFICATE** | **RELEVANT**  **EXPERIENCE IN AUDIT MATTERS** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Form-D**

**DETAILS OF ELIGIBLE PARTNERS AND ANY OTHER QUALIFIED PROFESSIONAL(S) AND STAFF(S), IFANY**

1. **Other Staff:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL.**  **NO.** | **NAME & DESIGNATION** | **DOB & AGE**  **(AS ON 31/03/2023)** | **HIGHEST QUALIFICATION** | **RELEVANT EXPERIENCE IN**  **AUDIT MATTERS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Note:**

* 1. Applicantfirmsarerequiredtofurnishthecompleteandcorrectinformationforevaluationoftheirproposals.Ifanyinformationfurnishedisfoundtobe false/misleading/incomplete, the same shall be considered as adequate ground for rejection of the proposals.
  2. Applicant firms are required to furnish only those credentials in the above prescribed format for which documentary evidence is available with them. FALTA reserves the right to seek additional information or ask for supporting documents from applicant firms for verifying/evaluating their credentials whenever required.

Stamp with Signature of Authorized Person-

Full Name of Authorized Person–

Membership No.

Date-

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**Form-E**

**RELEVANTEXPERIENCEOFTHEFIRMININTERNALAUDITMATTERSFORTHEPURPOSESOFEVALUATIONGOVT./BANK/PSUEXPERIENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SL.**  **NO.** | **NAME OF THE**  **CLIENT AND ADDRESS** | **WORK ORDER/ ASSIGNMENTLETTER NO.AND DATE** | **NAME OF THE ASSIGNMENT** | **PERIOD OF ASSIGNMENT**  **FROM**  **TO** | **SCOPE OF WORK** | **WAS THE ASSIGNMENT SUCCESSFULLY COMPLETED** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Authorized Signatory [In Initials and Seal] :

**Full Name of Authorized Person Membership No.**

**Form-F**

**E-PAYMENT FORM BANK ACCOUNT PARTICULARS**

1. Applicant firm’s name-
2. Address of applicant firm-
3. Particulars of bank account-
4. Name of the bank-
5. Branch code-
6. Address of the bank branch-
7. Type of account (SB, Current, Credit)-
8. Account number-
9. Bank’s IFSC code for RTGS/ NEFT-

I hereby declare that the particulars given above are correct and complete and accord our consent for receiving payment through electronic mechanism. I also undertake to intimate the changes, if any, in bank account details in future and FALTA will not be held responsible for non-payment/delay due to above change in bank details and also due to technical reasons beyond its control.

( \_ )

Seal & Signature of the authorized signatory(ies) & Designation

Full Name of Authorized Person:

Membership No.Place:

Date:

## Form-G UNDERTAKING

**(TO BE SUBMITTED ON APPLICANT FIRM’S OWNLETTER HEAD)**

We here by confirmed that all the documents submitted in this proposal are authentic, genuine copies of the ir originals and have been issued by the issuing authority mentioned above and no part of the document(s)/ information is false, forged or fabricated.

We here by confirm that our proposal complies with the total requirements/ terms and conditions of the RFP Document and subsequent addendum/corrigendum (if any), issued by FALTA, without any deviation/exception/comments/assumptions.

We hereby confirm that, we are not under any 'liquidation', any 'court receivership' or similar proceedings and' bankruptcy'.

We hereby confirm that, any Partner / Director of the entity have not been convicted in any disciplinary proceedings /criminal case by regulatory authority (ies)/ court in connection with professional work.

We further confirm that, we have not been in negative list / blacklisted by any Public Sector Undertaking /Government Organization/ FALTA SEZ.

We also confirm that the contents of this proposal have not been modified or altered by us. We agree that if any such acts, noticed in future, our proposal may be rejected/terminated.

We here by confirm that we have gone through and understood the RFP Document and that, our proposal has been prepared accordingly incompliance with the requirement stipulated in the said documents.

We are submitting Master Index of RFP Document as part of our proposal duly signed and stamped on each page in token of our acceptance and as a part of the Contract in the event of award of Contract to us.

Authorized Signature of applicant firm:

Membership No.

Full Name of Authorized Person:

Name of applicant firm:

Firm No.

NOTE: To be stamped and signed by the authorized signatory on letter head of applicant firm.

# Section-IV.

# Financial Proposal-Standard Forms

Financial Proposal Submission for Internal Audit of FALTA SEZ Authority

Name of the Applicant Firm :

Internal Audit Fees (Rs.):

Internal Audit Fees in Words :

(Excluding Applicable GST to be charged)

## Authorized Signatory

**Full Name of Authorized Person:**

## Name of the Firm :

**Membership No.:**

**Terms of Reference (TOR)**

### Objectives of the assignment

The objective of this audit is to enable the auditor to express an opinion on whether the financial statements (including additional disclosures as outlined) present fairly, in all material respects, the financial position of the reporting entity as at 31st March 2023,and/or the results of its operations and its cash flows for the years then ended, in conformity with the Indian Accounting Standard.

**Scope of Internal audit**

In performing the audit, at a minimum the auditor shall:

* + Obtain an understanding of the internal controls related to the financial reporting process, to identify and assess any weakness in internal control that might result in mis-statements, whether due to fraud or to error;
  + Design and conduct audit procedures in response to any weaknesses identified in the internal controls relating to the financial reporting process, to obtain audit evidence that the financial statements are fairly presented and free from material mis-statements, in accordance with the applicable accounting framework;
  + Verify whether expenditure that was incurred in the name of the project is in line with the terms of the financing agreement(s) (appendix 10) and incurred for the purposes in tended in this agreement. Both IFAD and third party funding should be taken into consideration;
  + Verify that the inventory and fixed assets held by the entity exist, are complete, are properly accounted and are used for the project purposes;
  + Note any weaknesses in the internal control environment and in the financial reporting process, and communicate those in the management letter.