OFFICE OF THE REGISTRAR CO-OPERATIVE SOCIETIES. HIMACHAL PRADESH, SHIMLA BLOCK NO. 25, SDA COMPLEX, KASUMPTI, SHIMLA-171009

#### NOTICE

In pursuance to the provisions contained in section 61 of the H.P. Cooperative Societies Act, 1968 (Amended) read with Rules 83, 83A and 84 of the H.P. Cooperative Societies Rules, 1971 (Amended Rules 2021the State of Himachal Pradesh intends to prepare a panel of auditors.

Applications in the prescribed format are invited from those Chartered Accountant firms that are already empanelled with the department and wish to upgrade their category, update their address or modify their constitution etc. These firms will be considered for authorization to conduct audit of banks / Cooperative societies registered under the H.P. Cooperative Societies Act, 1968 (act No. 3 of 1969).

The categorisation of CA/CA Firms will be based on eligibility criteria, terms and conditions set by department which are available on the website of the department. Audit fee shall be paid to the auditors by the cooperative societies/banks as per the schedule of fee decided by the Registrar Cooperative Societies, Himachal Pradesh from time to time.

Prescribed application forms may be downloaded from the website of the

department i.e. coophp.nic.in

Complete application forms, alongwith required documents must be submitted through email id i.e. res-hp@nic.in as well as a hard copy (in a sealed envelope) should be sent to the O/o the Registrar Cooperative Societies, H.P. Block No. 25, SDA Complex, Kasumpti, Shimla-171009 latest by 28-02-2025 (4.00PM).

After scrutiny, the updated list of eligible Chartered Accountant

Firms/Chartered Accountants will be published on the website of the department.

The applications submitted before the date of this notice or after due date will not be considered and the same shall be deemed to be rejected.

(Dr. RK Pruthi, IAS)

Registrar Cooperative Societies, Himachal Pradesh, Shimla-9

Buttown

Coop No-3-19/21(A)-II Dated: 10-2-25

The Chairman, the Institute of Chartered Accountants of India, ICAI Bhawan, Sidhi Vinayak Apartments, Near Petrol Pump, Vikasnagar, Shimla-171009, Himachal Pradesh for vide publicity amongst the Chartered Accountants.

> (Dr. RK Pruthi IAS) Registrar Cooperative Societies. Himachal Pradesh, Shimla-9

17 W

# APPLICATION FOR EMPANELMENT OF CHARTERED ACCOUNTANTS FOR AUDIT OF COOPOERTIVE SOCIETIES UNDER SECTION 61 OF THE HP COOPERATIVE SOCIETIES ACT,1968 (ACT NO. 3 OF 1969)

Application Form No......

# APPLICATION FORM

(Particulars as on 31-12-2024)

Sta 01	atus of the Firm	: Individual/Proprietorship/	Danta and t
(f	Name of the Firm (in conital)		
(8	aduless of the Head office	!	
×1	(Please also give telephone no. and Email address)	:	
(h	(Please also give telephone no. and Email address)		••••••
(i)	PAN No. of the Firm		
(j)	GST No.		
02	10413		
02.	ICAI Registration No Region Na	ame Region Code N	
03	RRI/MEE Dand C	Region Code N	10
03.	RBI/MEF Regd. Category :	I/II/III/IV/N.A.	
04. (	CAG empanelled, if yes, give score :		
C	of the Firm		
05.			
(a) I	Date of constitution of the Firm :		
(-)	constitution of the firm		
(b) I	Jate since the firm has a full time		
(0) [	Jate since the firm has a full time		
(0) [	FCA :		
(0) [	FCA :  full time partners of the Firm as on 21/4	2 /200 4 (5)	
06. F S.No.	oate since the firm has a full time :  FCA  ull time partners of the Firm as on 31/1  Years of continuous association in the	2 /200 4 (5)	A-1)
06. F S.No.	FCA  ull time partners of the Firm as on 31/1  Years of continuous association in the  Less than one year	2 /200 4 (5)	A-1) Number of ACA
06. F S.No. (a)	will time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years	2/2024 (Please fill up Annex Firm Number of FCA	A-1) Number of ACA
06. F S.No. (a) (b) (c)	Jate since the firm has a full time :  FCA  ull time partners of the Firm as on 31/1  Years of continuous association in the  Less than one year  1 year or more but less than 5 years  5 years or more but less than 10 years	2/2024 (Please fill up Annex Firm   Number of FCA	A-1) Number of ACA
06. F S.No. (a) (b) (c)	Jate since the firm has a full time :  FCA  ull time partners of the Firm as on 31/1  Years of continuous association in the  Less than one year  1 year or more but less than 5 years  5 years or more but less than 10 years	2/2024 (Please fill up Annex Firm   Number of FCA	A-1) Number of ACA
06. F S.No.	will time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years	2/2024 (Please fill up Annex Firm   Number of FCA	A-1) Number of ACA
06. F S.No. (a) (b) (c) (d) (e)	Jate since the firm has a full time FCA  ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more	2/2024 (Please fill up Annex Firm   Number of FCA	A-1) Number of ACA
06. F S.No. (a) (b) (c) (d) (e)	Jate since the firm has a full time FCA  ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more Number of Part time Partners if any	2/2024 (Please fill up Annex Firm Number of FCA	Number of ACA
06. F S.No. (a) (b) (c) (d) (e)	ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more Number of Part time Partners if any, As on 31-12-24 (Please fill up	2/2024 (Please fill up Annex Firm   Number of FCA	Number of ACA
06. F S.No. (a) (b) (c) (d) (e)	Jate since the firm has a full time FCA  ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more  Number of Part time Partners if any, As on 31-12-24 (Please fill up Annex A-2)	2/2024 (Please fill up Annex Firm Number of FCA	Number of ACA
06. F S.No. (a) (b) (c) (d) (e)	ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more Number of Part time Partners if any, As on 31-12-24 (Please fill up Annex A-2) Number of Full time Chartered	2/2024 (Please fill up Annex Firm Number of FCA	Number of ACA
06. F S.No. (a) (b) (c) (d) (e)	ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more Number of Part time Partners if any, As on 31-12-24 (Please fill up Annex A-2) Number of Full time Chartered	2/2024 (Please fill up Annex Firm Number of FCA	Number of ACA
06. F S.No. (a) (b) (c) (d) (e)	Jate since the firm has a full time FCA  ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more Number of Part time Partners if any, As on 31-12-24 (Please fill up Annex A-2) Number of Full time Chartered Accountant Employees (As on	2/2024 (Please fill up Annex Firm Number of FCA	Number of ACA
06. F S.No. (a) (b) (c) (d) (e)	ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more Number of Part time Partners if any, As on 31-12-24 (Please fill up Annex A-2) Number of Full time Chartered Accountant Employees (As on 31/12/24 (Please fill up	2/2024 (Please fill up Annex Firm Number of FCA	Number of ACA
06. F S.No. (a) (b) (c) (d) (e) 07.	ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more Number of Part time Partners if any, As on 31-12-24 (Please fill up Annex A-2) Number of Full time Chartered Accountant Employees (As on 31/12/24 (Please fill up Annex A-3)	2/2024 (Please fill up Annex Firm Number of FCA	Number of ACA
06. F S.No. (a) (b) (c) (d) (e) 07.	ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more Number of Part time Partners if any, As on 31-12-24 (Please fill up Annex A-2) Number of Full time Chartered Accountant Employees (As on 31/12/24 (Please fill up Annex A-3) Number of full time audit staff employee	2/2024 (Please fill up Annex Firm Number of FCA	Number of ACA
06. F S.No. (a) (b) (c) (d) (e) 07.	ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more Number of Part time Partners if any, As on 31-12-24 (Please fill up Annex A-2) Number of Full time Chartered Accountant Employees (As on 31/12/24 (Please fill up Annex A-3) Number of full time audit staff employee	2/2024 (Please fill up Annex Firm Number of FCA	Number of ACA
06. F S.No. (a) (b) (c) (d) (e) 07.	ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more Number of Part time Partners if any, As on 31-12-24 (Please fill up Annex A-2) Number of Full time Chartered Accountant Employees (As on 31/12/24 (Please fill up Annex A-3) Number of full time audit staff employe Article ship/Audit Clerk Other Audit Staff (with knowledge of	2/2024 (Please fill up Annex Firm Number of FCA	Number of ACA
06. F S.No. (a) (b) (c) (d) (e) 07.	ull time partners of the Firm as on 31/1 Years of continuous association in the Less than one year 1 year or more but less than 5 years 5 years or more but less than 10 years 10 years or more but less than 15 year 15 years or more Number of Part time Partners if any, As on 31-12-24 (Please fill up Annex A-2) Number of Full time Chartered Accountant Employees (As on 31/12/24 (Please fill up Annex A-3) Number of full time audit staff employee	2/2024 (Please fill up Annex Firm Number of FCA	Number of ACA

(c)	Other Professional Sta	ff (Please specify)	1
10.	Number of Branches (I (Annex -B)	Please fill up	1
11.	Whether the firm is en Concurrent audit/Audi Society in Himachal Pra May be given at Annexu	t of any Cooperative	: Yes/No
12.	Whether the firm is eng Concurrent audit/Statu Companies/Corporation Details may be given in	tory Audit of any Govt.	: Yes/No
13.	Whether there are any counter legal cases against Accountant/Firm (if yes, the case indicating its property)	t the Chartered give the brief note of resent status)	: Yes/No
14.	Any other information ca per Annexure 'E'	n be mentioned as	
Enclose	ad.		
9. 10 12 13	Annexure A-1 (Details of Annexure B). Annexure B (Particulars B). Annexure C (Details of Of Cooperative Societies B). Annexure D (Details of Control of Cooperative Societies B). Annexure D (Details of Cooperative Societies B).	of Full Time Chartered A s of Branch) Internal audit work/sta undertaken by the Firm	the Firm) ccountant Employees) atutory audit/concurrent Audit
	Firm)	mpanies/Corporation/F	tutory Audit/Concurrent Audit Banks etc. undertaken by the
15	Annexure E (Other infor	mation)	
16.	Annexure F (Signed a Empanelment)	and certified copy of	Terms and Conditions for
Icertify th	(Name), the author lat the information provi on is correct and true to the	ised partner of the ided in this application he best of my knowledge	form and attached with this
i		Authorised Signature w Name of the Partner For and on behalf (Name of the firm)	rith Seal :

## Annexure A-I

Firm's name..... Details of Full Time Partners of the firm....

(Please refer to Sr. No. 6 of the Application Form)

S. No.	Name of the Partner	Member ship No.	Whether FCA/ ACA	Date of Joining the Firm (Full time)	Date of becoming FCA	Station & Region where residing at present	Whether acknowle dgement of Income Tax Return for the relevant year attached Yes/No	Whether has DISA (Information systems Audit/ CISA or any other equivalent qualification (specify the qualification)

### Annexure A-2

Details of Part Time Partners of the Firm

(Please refer to Sr. NO. 7 of the Application For

Name of Partners	Member ship No.	Whether FCA/ACA	he Application Date of becoming FCA	Date of joining partner ship	No. of other firm in which he is partner	Whether practisin g in his own name also (Y/N)	Whether employed elsewhere (Y/N)	Whether has DISA (Information systems Audit/ CISA or any other equivalent qualification . If yes, please attach a copy of the certificate
	-							
		-7	u			-		

#### Annexure A-3

Details of full time Chartered Accountant Employees

(Please refer to Sr. No. 8 of the Expression of Interest format)

Sr. .No.	Name	Membership No.	Whether FCA/ACA	Date of joining the firm as full time employee	Whether has DISA (Information systems audit/ CISA or any other equivalent qualification. If yes, please attach a copy of the Certificate (specify the qualification)

#### Annexure-B

Particulars of Branch (including foreign branches, if any) (Please refer to Sr. No. 10 of the Application Form)

Sr. No.	Station at which located	address with PIN Code &	Name of the	Date of	Region	Whether included in last year
		Telephone No.	branch	ara branch		application (Yes/No)
	- M.L.					

#### Annexure- C

Details of Internal Audit Work/Statutory audit/Concurrent Audit of Cooperative Societies undertaken by the Firm. (Please refer to Sr. No. 11 of the Application Form)

Sr. No.	Name of the Cooperative Societies		
		Nature of assignment	Year for which appointed

### Annexure- D

Details of internal audit work/Statutory audit/Concurrent Audit of any Government Companies/Corporations/Banks, etc. undertaken by the Firm.

(Please refer to Sr. No. 12 of the Application Form)

Sr. No.	Name of the Govt. Companies/ Corporations/Banks etc.	Nature of assignment	Year for which appointed

#### Annexure- E

Any other information

. No.	Particular	
	- W. Ground	Remarks

# Terms and conditions for empanelment of Chartered Accountants for Audit of the Cooperative Societies/Bank.

1. That the Head Office of the CA/CA firms should be in India.

2. The CA should have been registered with the Institute of Chartered Accountants of India. Photocopy of the same duly attested should be enclosed with the

3. Attested copy of the Certificate of practice issued by the Institute of Chartered Accountants of India along with membership No. to be enclosed with the

4. ITR, financial statement of the Firm should be annexed with the application form.

5. No person shall be empanelled as CA unless he possesses working experience of

6.The audit fee of the Chartered Accountants will be fixed by the Registrar Cooperative Societies, HP from time to time in such a manner as may deem fit & will be paid to the Chartered Accountant by the society/bank as prescribed by the

7. The Chartered Accountant shall be entitled for audit fee on the completion of an audit, provided the same has been conducted in accordance with the provisions of the H.P. Cooperative Societies Act, 1968 (Act No. 3 of 1969) and Rules framed there under, any directions and guidelines, if any, issued by the Registrar Cooperative Societies, H.P. in this behalf.

8. The Chartered Accountant shall conduct audit at the headquarter of the society/bank and no TA/DA shall be paid to him in this behalf, whereas in case of bank TA/DA will be applicable as prescribed by the Registrar Cooperative

9. The empanelled Chartered Accountant shall not be engaged to conduct the audit of the same Cooperative Societies/Bank/Bank branches as per Rule continuously for more than two consecutive financial years.

10. Chartered Accountant shall exercise such powers and perform such duties as are specified in the HP Cooperative Societies Act,1968 and the Rules framed there

11. If a Chartered Accountant wilfully or without any reasonable cause:

- (h) Fails to comply with any provision of the Act or the Rules applicable to an
- (i) Disobey any direction or guideline issued by the Registrar Cooperative
- (j) Conceals any material fact or gives false statement or certificate; or

(k) Omit any material fact from the record; or

(l) Misappropriates any money or property of the society; or

(m) Is found responsible for any misconduct, indiscipline causing any harm to the smooth functioning of the society; or

(n) Indulge in mal-practices or is found guilty of corrupt practices;

He shall be debarred from conducting the audit of cooperative Institutions forthwith and his candidature on approved panel of CA shall be cancelled. He shall be liable to be prosecuted as per the provisions of law.

12. The Chartered Accountant should have the required infrastructure i.e. trained staff, office etc. for undertaking the job.

- 13. The Chartered Accountant or his firm should not be individually or severely disqualified under section 226 of the Companies Act 1956 to accept appointment as Chartered Accountant/Auditor.
- 14. There should not be any adverse remarks/disciplinary proceedings pending/initiated against the Chartered Accountant or his firm or any partner of his firm by the Registrar Cooperative Societies/Reserve Bank of India/Institute of Chartered Accountants of India.
- 15. The Chartered Accountant or his firm should not have been declared as a wilful defaulter by any Bank/Financial Institution.
- 16. A Chartered Accountant, who is also part of a firm, would be eligible for appointment as Auditor either in his individual capacity or as part of the firm but not in both capacities. Thus, either he or the firm would qualify for appointment as Chartered Accountant/Auditor.
- 17. It will be mandatory for the Chartered Accountant Firms/Chartered Accountants to follow the HP Cooperative Societies Act,1968, the HP Cooperative Societies Rules, 1971, Bye-Laws of the Institution and any direction/instruction from the Registrar Cooperative Societies, Reserve Bank of India (RBI) and the National Bank for Agriculture and Rural Development (NABARD).
- 18. In the review of the audit report of the cooperative institution of the state in the previous years, if the facts come to the notice that the financial sheet and report in the prescribed format by the auditor firm in compliance with the circular arrangement and statutory provisions specified by the Reserve Bank of India, NABARD, Registrar of Cooperative Societies, he is found guilty of non-submission, failure in requisite professional competence and judicious analysis, non-compliance of prudential parameters in financial sheets (classification and provisioning of unserviceable assets and income recognition), section 61 and 62 of the Cooperative Act. If so, the application of the auditor firm will not be accepted for the panel
- 19. The Chartered Accountant/Chartered Accountant Firms which has already been de-empanelled shall not be eligible for fresh empanelment.

	Registrar Himach	Pruthi, IAS) Cooperative Societies, al Pradesh, Shimla-9
this application form and a best of my knowledge.	Name), the autho Name of Firm) Certify that the inf attached with this application is co	rised partner of the formation provided in orrect and true to the
	Authorised Signature with Seal Name of Partner For and on behalf (Name of the firm)	! !