No. F. 23(2)-AGRI/SARS/RAD/2017-18/12952-53

Government of Tripura
Department of Agriculture & Farmers Welfare
State Agriculture Research Station
A.D.Nagar, Agartala, Tripura

Dated, A.D.Nagar, the.../03/2020.

SHORT NOTICE INVITING QUOTATION FOR CONDUCTING AUDIT OF ACCOUNTS OF RAINFED AREA DEVELOPMENT (RAD) PROGRAMME UNDER NATIONAL MISSION FOR SUSTAINABLE AGRICULTURE (NMSA) FOR THE YEAR 2019-20.

On behalf of the Governor of Tripura, sealed quotations are invited in the prescribed format from CAG empanelled Chartered Accountant firms having ICAI registration for carrying out the audit of the annual accounts of Rainfed Area Development (RAD) under National Mission for Sustainable Agriculture (NMSA) activities under the jurisdiction of Department of Agriculture, Tripura for the financial year 2019-20.

The format of quotation documents and other information including activities and guidelines of the NMSA are available in the Office of the Joint Director of Agriculture (Res.), A.D.Nagar, Tripura (West) & Departmental Website www.agri.tripura.gov.in.

(Dr. P. B. Jamatia)
Joint Director of Agriculture (Research)
State Agriculture Research Station
Arundhatinagar, Agartala.

To:

1) The Director of Agriculture, Krishi Bhavan, Agartala, Tripura for favour of kind information please.
2) Sri Jiban Debbarma, A.D (Nodal Officer, IT), Directorate of Agriculture for arranging wide circulation through website www.agri.tripura.gov.in.

(Dr. P. B. Jamatia)
Joint Director of Agriculture (Research)
State Agriculture Research Station
Arundhatinagar, Agartala.
Terms & Conditions:

1. Quotations for audit fees will be received on 27th March, 2020 upto 3.00 PM and will be opened on the same day at 4.00 PM, if possible.

2. The CA firm will require providing their latest certificates of firm constitution as on 1st January of the current year issued by ICAI and their latest income Tax return duly acknowledged by IT Department.

3. The CA firms are required to furnish the total turnover of the firm in last three years.

4. Rainfed Area Development (RAD) under National Mission for Sustainable Agriculture Programme (NMSA) for the year 2019-20 shall include audit of all the transactions at the State Level, District Level and also in Agri. Sub-Division Level Offices within the State where the cluster based activities done during the year 2019-20, in reference to the audited report of the year 2018-19. The auditor appointed shall be required to issue separate Rainfed Area Development (RAD) under National Mission for Sustainable Agriculture (NMSA) year wise consolidated Audit Report for the State, District and also for each Agri. Sub-Division, comparing all programmes under the aforesaid scheme.

5. The final Audit Report separately for Rainfed Area Development (RAD) of National Mission for Sustainable Agriculture (NMSA) should be submitted within 45 (Forty five days) from the date of issuance of appointment letter by the Joint Director of Agriculture (Res.), SARS, A.D.Nagar, Agartala.

6. Auditor shall certify all the Utilization Certificates in the prescribed format (Form 12C of GFR, 2017) of GOI separately for all Mission comes under the scheme Rainfed Area Development (RAD) under National Mission for Sustainable Agriculture (NMSA).

7. Agencies are required to submit the quotation of audit fees as per format F-1 along with the duly filled in formats T-1 & T-2.

8. Audit fees quoted by the firm will remain valid for 1 (One) Year from the date of submission of the quotation by the firm. Each page, Form, Annexure and Appendices of the quotation must be signed by the Authorized signatory of the firm.

9. Firm shall have to depute appropriate no. of teams for timely submission of Audit Report and to attain quality of audit. Each team shall have to be headed by a qualified chartered accountant.

10. The bidder should have local office at Agartala for smooth communication.

11. The undersigned reserves the right to accept or reject any quotation without giving any explanation and can change the evaluation criteria as per its requirements in the interest of the Department.

12. The EMD has to be deposited for an amount of Rs. 1000/- only in the form of Demand Draft / Deposit at Call of any Nationalized or Commercial Bank.

(Dr. P. B. Jamatia)
Joint Director of Agriculture (Research)
SARS, A.D.Nagar, Agartala.
Letter of Transmittal

To,
The Joint Director of Agriculture (Research.),
State Agriculture Research Station,
Department of Agriculture & Farmers Welfare,
Govt. of Tripura,
Arundhatinagar, Agartala.

Dear Sir,

We, the undersigned, offer to provide the audit services for the Department of Agriculture, Tripura in accordance with your Notice Inviting Quotation. We are hereby submitting our quotation having details about the firm and proposed audit fees.

We hereby declare that all the information and statements made in this proposal of quotation are true and accept that any misinterpretation contained in it may lead to our disqualification.

The Fees quoted by us is valid till 1 (One) Year from the date of submission of the quotation. We confirm that this quotation will remain binding upon us and may be accepted by you at any time before the expiry date.

Prices have been arrived independently without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any competitor.

We agree to bear all costs incurred by us in connection with the preparation and submission of the audit report including utilization certificates and to bear any further pre-contract costs.

We understand that the Department of Agriculture, Tripura is not bound to accept the lowest or any proposal or to give any reason for award, or for the rejection of any proposal.

Yours faithfully,

(Authorized signatory of the firm)

With Seal
### Particulars/ Details of the Firm

<table>
<thead>
<tr>
<th>SI No.</th>
<th>Particulars</th>
<th>Supporting Documents Required to be submitted along with this Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of the Firm: -</td>
<td></td>
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<tr>
<td>2.</td>
<td>Address of the Firm: -</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Head Office: -</td>
<td>Phone No: Fax No: Mobile of each Branch Office In-charge:</td>
</tr>
<tr>
<td>4.</td>
<td>Date of Establishment of the Firm: -</td>
<td></td>
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<tr>
<td>5.</td>
<td>Date since when H.O is at the existing Station</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Branch Office 1, 2, 3........ (Particulars of each branch to be given)</td>
<td>Phone No: Fax No: Mobile of each Branch Office In-charge:</td>
</tr>
<tr>
<td>7.</td>
<td>Mention the date of each branch offices since when existed at the existing place</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Firm Income Tax PAN No.</td>
<td>Attach copy of PAN card</td>
</tr>
<tr>
<td>9.</td>
<td>Firm Service Tax Registration No.</td>
<td>Attach copy of Registration</td>
</tr>
<tr>
<td>10.</td>
<td>Firm's Registration No. with ICAI</td>
<td>Attach a copy of certificate downloaded from ICAI Website showing the name &amp; address of H.O., B.O. and partners etc.</td>
</tr>
<tr>
<td>11.</td>
<td>Empanelment No. with C &amp; A G</td>
<td>Attach proof of empanelment with C &amp; AG for the year under Audit (2019-20) confirming that the firm is eligible for major PSU audits.</td>
</tr>
<tr>
<td>12.</td>
<td>No. of Years of Firm Existence &amp; Date of establishment of Firm</td>
<td>Attach copy of Partnership Deed</td>
</tr>
<tr>
<td>13.</td>
<td>Turnover of the Firm in last three years</td>
<td>Attach a copy of Balance Sheet and P &amp; L Account of the last three years or a C.A. Certificate give Break-up of Audit Fee and</td>
</tr>
</tbody>
</table>
| 14. | Audit Experience of the Firm: -  
1. Number of Assignments in Commercial/ Statutory Audit  
2. Number of Assignments ofExternally Aided Projects/ Social Sector Project (excluding audit of Charitable Institutions & NGOs)  
3. Experience in the NHM audit. | Copy of the Offer Letter & the Fee Charged for each assignment.  
(Relevant evidences to be given of the turnover and fee) |
| 15. | Details of Partners: -  
Provide following details: -  
• Number of Full Time Fellow Partners associated with the firm.  
• Name of each partner,  
• Date of becoming ACA and FCA  
• Date of joining the firm,  
• Membership No.,  
• Qualification  
• Experience  
• Whether the partners is engaged full time or part time with the firm.  
• Their Contact Mobile No., email and full Address | Attested copy of valid Certificate of ICAI. |

**Note:** The firm shall give an undertaking that the team members are proficient in the State's official language (both oral and written).
FORMAT FOR QUOTATION OF AUDIT FEES
(Please provide the break-up of Firm's quoted fees for each work and unit)

<table>
<thead>
<tr>
<th>Item or Activity</th>
<th>Total Amount (Both in Numeric and in Words)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AUDIT FEE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>A) For RAD under NMSA scheme</strong></td>
<td></td>
</tr>
<tr>
<td>ii. GST &amp; Other Tax if any Rs. ..........</td>
<td></td>
</tr>
<tr>
<td>iii. Total GST Fees if any Rs. ..........</td>
<td></td>
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<tr>
<td><strong>Grand Total</strong></td>
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</tbody>
</table>

*Note: - Percentage of funds involved shall not be a basis of quoting the Audit Fee.*

*Signature of the authorized person of the firm*

*With Seal*