

**OFFICE OF THE REGISTRAR COOPERATIVE SOCIETIES  
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
PARLIAMENT STREET, NEW DELHI**

No.F. AR(Audit)/Panel of CA/RCS/24-25/CD No. 107786838/1265-70 Dated: 13/02/25

To

**The Director,**  
Dte. of Information & Publicity,  
Govt. of NCT of Delhi  
Old Sectt. Delhi.

**Sub:- Public Notice for Empanelment of Chartered Accountants.**

Sir,

In continuation to this office letter dated 30.12.2024 regarding publishing of public notice in the newspapers for inviting applications from CA/CA Firms regarding empanelment of their names in the department for preparation of panel (copy enclosed) and with reference to your email dated 07.01.2025, I am directed to forward herewith a copy of fresh notice in English and in Hindi for publishing the same. The notice may be published in 2 daily newspapers (One in English namely) TIMES OF INDIA & (one in Hindi namely) DAINIK HINDUSTAN on 18.02.2025 (Tuesday).

It is requested that the concerned newspapers may be directed to publish the notice on 18.02.2025 positively. The bill of notice duly verified by DIP may be forwarded to this office for payment.

  
(SURINDER NARANG)  
ASSTT. REGISTRAR (AUDIT)

Copy for information and necessary action:-

1. The Chairman, Northern Regional Council of the Institute Accountant of India, ICAI Bhawan, 5th Floor, Annexe Building, Indraprastha Marg, New Delhi with the request to place the notice on the notice board of the institute and to publish the same in the news letter for giving it publicity to all intending CA/CA firms.
2. The DPA, Computer Cell, O/o RCS, parliament Street, New Delhi, with the direction to place the same on the site of RCS, Under IMPORTANT NOTICE/CIRCULAR.
3. Sr. Accounts Officer, Accounts Branch, O/o RCS, Parliament Street, New Delhi.
4. Guard File.
5. Notice Board.

  
(SURINDER NARANG)  
ASSTT. REGISTRAR (AUDIT)

**OFFICE OF THE REGISTRAR  
COOPERATIVE SOCIETIES**  
*Government of National Capital Territory of Delhi  
Parliament Street, New Delhi*

**AUDIT BRANCH**

**NOTICE**

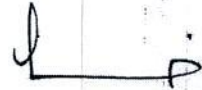
**Inviting Application From CA/CA firms for Empanelment of their Names as Auditor in the Office of RCS, Govt. of NCT of Delhi, for Conducting the Audit of the Cooperative Societies Registered with the Department.**

Applications in the prescribed format are invited from eligible CA/CA firms having Head Office/Principal Office in Delhi/New Delhi, for constitution of a fresh panel of the auditors to be authorized to conduct the audit of the cooperative societies registered with the office of Registrar Cooperative Societies, Government of NCT of Delhi. The panel has to be constituted for a period of 3 years i.e. for the financial year 2025-26 to 2027-28. The norms and terms and conditions are available on the website of the department.

Prescribed application forms may be downloaded from the website of the department i.e. "<http://rco.delhi.gov.in>"

Application Form complete in all respect should reach the office of the Assistant Registrar (Audit), Audit Branch, Room No.15, Parliament Street, New Delhi-110001 latest by 19.03.2025 (6.00 P.M.) along with following documents and application fee receipt of Rs.100/-.

1. Certificate of registration of firms as Chartered Accountant from the office of the Institute of Chartered Accountant of India, New Delhi issued on or after 01.01.2025 along with a certificate of no change in the constitution till date.
2. Constitution certificate of the firm with full details of all the partners, if any including partnership details with any other CA firms.
3. There should not be any common partner/CA in the firms which intend to apply for empanelment.



**(LEKHRAJ)**  
**ADDL. REGISTRAR COOPERATIVE SOCIETIES**

रजिस्ट्रार सहकारी समितियों का कार्यालय  
राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार,  
पालियामेंट स्ट्रीट, नई दिल्ली  
ऑडिट शाखा  
सूचना

विभाग से पंजीकृत समितियों के ऑडिट संचालन के लिए आरसीएस कार्यालय में ऑडिटर के रूप में उनके नामों के मनोनयन हेतु सीए/ सीए फर्मों से आवेदन आमंत्रित हैं।

रजिस्ट्रार सहकारी समितियों का कार्यालय राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार से पंजीकृत सहकारी समितियों के ऑडिट के संचालन के लिए अधिकृत किये जाने के संभावित नये पैनल की तैयारी हेतु दिल्ली/ नई दिल्ली में प्रधान कार्यालय/ मुख्य कार्यालय रखने वाले योग्य सीए / सीए फर्मों से निर्धारित प्रारूप में आवेदन आमंत्रित हैं। पैनल का गठन 3 वर्षों की अवधि के लिए अर्थात् वित्तीय वर्ष 2025-26 से 2027-28 तक के लिए किया जाना है। सीए/ सीए फर्मों का वर्गीकरण विभाग की वेबसाइट पर उपलब्ध मानदंडों एवं नियम और शर्तों के आधार पर किया जाएगा।

निर्धारित आवेदन प्रपत्र विभाग की वेबसाइट <http://rcs.delhi.gov.in> से डाउनलोड किया जा सकता है। निम्नलिखित दस्तावेजों और रु 100 / - का आवेदन शुल्क रसीद के साथ सभी तरह से पूर्ण आवेदन, सहायक रजिस्ट्रार (ऑडिट), ऑडिट शाखा रूम नं 15, पालियामेंट स्ट्रीट, नई दिल्ली -110001 के कार्यालय में 19/03/2025 (अपराह्न 6:00 बजे) तक पहुंच जाना चाहिए।

1. अब तक संविधान में परिवर्तन नहीं होने के एक प्रमाण पत्र के साथ 01/01/2025 को या उसके बाद इस्टीट्यूट ऑफ चार्टर्ड अकाउंटेंट ऑफ इंडिया, नई दिल्ली के कार्यालय से चार्टर्ड अकाउंटेंट के रूप में फर्म के पंजीकरण का प्रमाण पत्र।
2. किसी अन्य सीए फर्म के साथ पार्टनरशिप विवरण सहित सभी पार्टनरों, यदि कोई हो, के पूर्ण विवरण के साथ फर्म के संविधान का प्रमाणपत्र।
3. जो फर्म पैनल में आने की इच्छुक हैं, उनमें कोई कोमन पार्टनर / सीए / नहीं होना चाहिए।



(लेखराज)

अपर रजिस्ट्रार

## FORM OF APPLICATION FOR EMPANELMENT

1. **Concern Name**

(In case practicing in individual name, please mention the name in the CAPITAL LETTERS, please do not use prefix M/s./Mr./Mrs. Etc. before the concern name.)

2. **Status\***

<b>0</b>	<b>Sole Proprietary Concern/ Individual</b>	
<b>1</b>	<b>Partnership Firm</b>	

3. **Firm Registration No. (To be given in the case of a sole proprietary concern/ Partnership firm. (See also Note No. 1 at the bottom of this page)**



4. **P.A.N./G.I.R. No.**



5. **Service-tax Registration No. (See also Note No. 2 at the bottom of this page)**

S. No.	Service Tax Registration No.	Place where Registered under the Service Tax Act.

6. **Address (See Note No. 3 at the bottom of this page)**



<b>State/U.T.</b>																									
<b>Pin</b>											<b>FAX NO.</b>														
<b>Telephone No.</b>																									
<b>E-mail</b>																									

\* Tick appropriate Box

Notes:

1. Firm Registration No. of every sole proprietary concern/ partnership firm appears in the entry relating to the firm in the list of firm published by the Institute. In the case of a member practicing in individual name, please mention "N.A."
2. Details of Service Tax Registration No. are required to be filled up for Head Office as well as for Branch Office (s) also.
3. If full address, name of town, pin code and district is not filled in property, the application is liable to rejection.
4. Members/ Firm are required to fill-up their name, Address and Town in CAPITAL LETTERS ONLY.

7. **Year of Establishment**

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(Please mention the year in which the firm was established. In case of individuals, the year of obtaining Certificate of Practice should be mentioned.)

8. **Particulars of Partners/ Sole Proprietor (Please fill up Annexure A)**

9. **Number of paid chartered accountant employees in the concern**

Full Name \_\_\_\_\_

Part Time \_\_\_\_\_

Total \_\_\_\_\_

(Please fill up Annexure B)

10. **Number of unqualified audit staff in the concern:**

(a) Audit Clerks \_\_\_\_\_

(b) Articled Clerks \_\_\_\_\_

(c) Other audit staff \_\_\_\_\_

(Excluding administrative staff) \_\_\_\_\_

**Total** \_\_\_\_\_

11. **Experience in Audit of Co-operative Sector in Delhi**

(a) Co-op Societies \_\_\_\_\_

(b) Co-op Bank \_\_\_\_\_

(c) Other \_\_\_\_\_

(Experience of Last three years need to be mentioned)

12. **Disciplinary proceedings pending against any partner/Proprietor (Yes/No), if yes**

Name of Proprietors/ Partners	Membership No.	Brief Descriptions
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(1) _____	_____	_____
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(2) _____	_____	_____
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I/We, the undersigned, as Proprietor/Partners of M/s\_\_\_\_\_or as individual do hereby declare that the particulars as given above including in Annexure A & B are complete and correct in all respect to the best of my/our knowledge and belief. I/we further recognize that if any of the statements made therein or information furnished in the application form is not correct, I/We would be liable for disciplinary action under the Chartered Accountants Act, 1949, and Regulations framed there under:-

I/We hereby declare that audit/other assignment allotment on the basis of information furnished in the application form will not be accepted and carried out if the firm in whose name the application is made is not in existence at the time of allotment.

I/We declare that the constitution of the firm as on\_\_\_\_\_ (date) shown in the application is the same as that in the construction certificate issued by the ICAI as on\_\_\_\_\_ (date) in Case of any change, the details are given below with a separate note.

S. No.	Name of Partner/ Proprietor/ Individual	Membership No.	PAN No.	Signature

Date \_\_\_\_\_

Place \_\_\_\_\_

- 
- \* 1. The declaration should be signed by the individual, or by the proprietor in the case of a sole proprietary concern, and by all the partners in the case of a partnership firm.
2. The signatures should correspond to those in the Institute's records.

**Change in Status of the firm**

## ANNEXURE A

### Details of Partners/Sole Proprietor of the Concern

**(In case a member practicing in individual name, particulars of such member to be given)**

Name	Membership No.	PAN/GIR No.	Whether		Whether Main Occupations is practice		Whether partner/ proprietor/ paid employee in any other concern		Whether partner was previously full time employee of the applicant firm			Date of joining the firm as a partner/ proprietor			Whether association with the firm is only occupation		
									Yes	No	If Yes, please provide						
			ACA	FCA	YES	NO	YES	NO			Date of Joining	Date of Leaving	DD	MM	YYYY	YES	NO
TOTAL																	

\*      TICK THE APPROPRIATE BOX

Please give member number only, and not the region code (such as 100/200/300/400/500)

## ANNEXURE B

### Details of Paid Chartered Accountant Employees in the Concern

Name	Membership Number <sup>1</sup>	Date of Joining the Firm			Whether		ARE THEY IN SERVICE ON		WHETHER PARTNER/ PROPRIETOR/ PART-TIME EMPLOYEE IN OTHER CONCERN		SIGNATURE <sup>2</sup>
		DD	MM	YYYY	ACA	FCA	Full Time Basis	Part Time Basis	YES	NO	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL											

\* TICK THE APPROPRIATE BOX

1. Please give membership number only and not the region code (such as 100/200/300/400/500)
2. The signatures should correspond to those in the institute's records

## **ACKNOWLEDGEMENT**

Received Bio-data/ application form from M/s \_\_\_\_\_

On \_\_\_\_\_ entered at Sr. No. \_\_\_\_\_

**Signature of receipt clerk**