**Application for empanelment as Concurrent Auditor**

**Kindly fill the form and mail it to** **auditempanelment@nkgsb-bank.com**

**Contact Number 022 26503235 / 022 26503236 / 022 26533239**

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| --- | --- | --- |
| **Sr.No.** | **Particulars** |   |
| **1** | **Name of the Audit Firm** |   |
| **2** | **Registered Address** |   |
| **3** | **Contact Number** |   |
| **4** | **E-mail** |   |
| **5** | **Firm Registration Number and date of Registration with ICAI.** |   |
| **6** | **Multipurpose Empanelment Firm No. with ICAI:**  |   |
| **7** | **Unique Code Number: (UCN) allotted by the Institute.**  |   |
| **8** | **CAG Registration No.**  |   |
| **9** | **Co-op. Dept. Panel No.**  |   |
| **10** | **Registration No. (UCN) and date of Registration with RBI** |   |
| **11** | **Details of Branches with complete address** |   |
| **12** | **Details of Proprietor/Partners with years of experience and contact details** |   |
| **13** | **Number of Staff employed by the Firm** |   |
| a. | Qualified (CA, ICWA, etc.) with number of years experience |   |
| b. | Semi Qualified |   |
| c. | Article |   |
| d. | Ex-Bankers - Details including experience |   |
| e. | Others |   |
| **14** | **Areas of Professional Work** |   |
| **15** | **Bank Audit experience**  |   |
| a. | Concurrent Audit of Bank Branches/Departments |   |
| b. | Internal Audit of Bank Branches/Departments |  |
| c. | Revenue Audit |   |
| d. | Expenditure Audit |   |
| e. | Statutory Audit |   |
| f.  | Stock Audit |   |
| g. | Information System Audit |   |
| h. | Others |   |