

State Institute of Hospitality Management

<u>Varakkal beach, West Hill, Kozhikode – 673005 phone 0495-2385861 email: sihmkerala.com</u> Website: www.sihmkerala.com

1. Background: State Institute of Hospitality Management Kozhikode (SIHM referred to hereinafter) is an Autonomous body under Department of Tourism, Government of Kerala, registered under Societies Act, 1860. Details are available on the official website **www.sihmkerala.com**.

Internal Audit of accounts SIHM is done annually by Chartered Accountant firms appointed every year by the Executive Committee / Governing Body . It has been decided that, once the CA firm is found suitable on technical ground, appointment will be done by the Executive Committee/Board of Governors of SIHM (Kozhikode) Society.

2. Invitation

SIHM invites the Expression of Interest from the Chartered Accountant firms for appointment as Internal Auditors for a continuous period of three financial years.

The EOI document containing the detail such as eligibility criteria, terms of reference, Scope of work etc. can be obtained from the Office of the State Institute of Hospitality Management West Hill, Kozhikode – 5 or can be downloaded from the official website above.

Interested CA firms are requested to submit their EOI along with documents stipulated in the Expression of Interest in sealed cover by 05.12.2019 till 4.00 PM in the Office of State Institute of Hospitality Management , West Hill , Kozhikode -5

3. Eligibility Criteria

- A. Applicant should be partnership firm.
- B. The firm must be empanelled with C&AG of India or Income Tax Department.
- C. The firm should be in existence for a minimum period of five years.
- D. The firms should have at least two Fellow Members (FCAs) as partners.
- E. The firms must have at least Five Years' experience of Internal Audit of societies registered under the society's Act 1860 and established by the central/state government.
- F. The firm must have experience of finalization of accounts of such societies.
- G. The firms will be appointed on the year to year basis with maximum period of three years.

4. Selection Procedure

Two Bid System as per GFR 2005 will be followed.

The technical bid and the financial bid should be sealed in separate covers duly super scribed and both these sealed covers are to be put in a bigger cover which should also be sealed and duly super scribed. The technical bids will be opened at the first instance and evaluated by a competent committee or authority. At the second stage financial bids of only the technically acceptable offers will be opened for further evaluation and ranking before selection.

Late bids (i.e. bids received after the specified date and time for receipt of bids) will not be considered.

5. Name and Address of contact Person

Name of Client: State Institute of Hospitality Management West Hill, Kozhikode – 5

Name and Address at which EOI are to be submitted :

PRINCIPAL

State Institute of Hospitality Management, Government Varakkal beach, West Hill, Kozhikode - 5

Phone: 0495-2385861 Fax:0495-2385863

Last date for submission of EOI 05.12. 2019 till 4.00 PM

Opening 05.12.2019 at 04.15 PM

Part B

The Internal Audit should cover the following: -

- 1. To conduct periodic audit of all financial transactions once in three months including verification of cash and assets of SIHM. All expenses will be scrutinized for genuineness of expenditure and conformity with accounting principles & against books of accounts maintained in the office, budget allocation, vouchers and other supporting details. Broadly, the following would form the part of audit programme of financial transactions.
- a. Scrutiny of receipts and reconciliation.
- b. Scrutiny of Establishment expenses.
- c. Scrutiny of Expenditure on capital account inter-alia purchases and advances.
- d. Physical verification of stock and cash as on date of the audit.
- e. The auditor will charge depreciation on assets
- f. Scrutiny of expenditure on Training programmes, guidelines & action plan.
- **2. To review** of accounting of financial system being followed at the field offices Highlighting the weaknesses and recommendation for improvement.
- 3.. T review of observations of previous audit and action taken to rectify the same.
- **4.**To submit Annual Audit reports with certified set of accounts, including balance sheet and income & expenditure account, receipt & payment account and relevant schedules and certificates in four sets to be submitted to Principal within ten days of completion of audit. SIHM reserves the right to cancel the assignment at any stage without assigning any reason.

Part C Format for Technical Bid

(Company/Firm letter head)
[Date]
То
Principal State Institute of Hospitality Management, Varakkal Beach, West hill, Kozhikode - 5
Dear Sir,
Ref: Expression of Interest Notice for Appointment of Internal Auditors -reg
We confirm that the information contained in the response or any part thereof, including its
exhibits and other documents to be delivered to State Institute of Hospitality Managemen
Kozhikode is true, verifiable and complete. Detail is given below :-
Name of Firm :
Date of Establishment :
Address:
Phone No. & Mobile No. :
Fax No. & Email:
Registration No. of firm with ICAI : (Copy enclosed)
C & AG empanelment No. : (copy enclosed)
I.T. empanelment No. : (copy enclosed)
Past experience (Experience of Firm only to be mentioned. Separate experience of partners with any other firm is not to be mentioned) We fully understand and agree to comply that on verification, if any of the information provided here is found to be misleading the short listing process, we are liable to be dismissed from the selection process or termination of the contract during the Audit, if selected to do so. We agree for unconditional acceptance of all terms and conditions set out in the EOI document. I is hereby confirmed that I/We are entitled to act on the behalf of our firm and empowered to sign this document as well as such other documents, which may be required in this connection.
Date: (Signature)

(Name)

Seal

Part D Financial Bid

(Company/Firm letter head)
[Date]

То

The Principal

SIHM Kozhikode

1	Name of Firm	
'	Name of Film	
2	Address with Phone	
	no. & e-mail	
	l list a s maii	
3	Professional Fee for	
	the audit (inclusive of	
	all taxes)	
	all taxes)	

Name o	f authorized	l Signatory:
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Signature:

Date

Place:

Seal