

**EOI FOR SELECTION AND EMPANELMENT OF
CHARTERED ACCOUNTANT FIRMS FOR PERIOD OF
THREE YEARS FOR CONDUCTING FORENSIC AUDIT OF
THE BANK'S BRANCHES**

Last Date of Submission of Application: 01.04.2026

Applications should reach at the address mentioned below:-

The Assistant General Manager
Compliance & BRCTL Section, Head Office,
The H.P State Cooperative Bank Ltd.
SDA Complex, Block No.18,
Kasumpti, Shimla-171009(H.P)

The envelope should be superscribed with **"APPLICATION FOR EMPANELEMNT FOR FORENSIC AUDIT"**.

Contact No.: 0177-2622100

Email: brctl@hpscb.com

SELECTION AND EMPANELMENT OF CHARTERED ACCOUNTANT FIRMS FOR PERIOD OF THREE YEARS FOR CONDUCTING FORENSIC AUDIT OF THE BANK'S BRANCHES

The H.P State Co operative Bank Ltd. desires to invite applications from practicing firms of Chartered Accountants Firms/Forensic audit firms within Himachal Pradesh, in the prescribed format, for conducting Forensic Audit of the Bank's Branches for a period of three years.

Eligibility Criterion for Empanelment:

- i) The audit firm should be registered with a recognized professional body such as Institute of Chartered Accountants of India (ICAI).
- ii) To conduct forensic audit the eligible firm should have relevant experience in such audit besides having experience in field of auditing in general.
- iii) Minimum four partners shall be full time partner in such firm.
- iv) At least one partner should possess F.A.F.D (Forensic Audit and Fraud Detection) Certificate from Indian Institute of Chartered Accountants of India (ICAI)
- v) The firm should have minimum 15 years of experience in Auditing including statutory Audit of Bank Branch.
- vi) **Preference shall be given to CA firms who have conducted Forensic Audit of Co operative Banks/scheduled commercial Banks in the past.**
- vii) D.I.S.A/C.I.S.A qualified partner must be there in such firm. Minimum one D.I.S.A/C.I.S.A qualified partner should be there in such firm.

Other eligibility criterion:

- i) The Firm should not have been blacklisted by any financial institution /other organizations/any Govt. Deptt.
- ii) **The firm must have office set up in Himachal Pradesh and shall have adequate personnel to ensure proper deployment and timely completion of task.**
- iii) The name of the Firm/Company or its promoter/partner etc. should not be in the defaulter/barred/caution list published /displayed at websites of public bodies such as by RBI/IBA/SEBI/ICAI etc.
- iv) **Conflict of Interest:** A firm **must not:**
 - be auditor of the same borrower account/have professional relationship with borrower/promoters
 - be the statutory auditor/concurrent auditor or consultant of the Bank.

A self-declaration affidavit on stamp paper is normally required.

Fee Structure:

The fee structure for the Forensic audit will be same as given to the Statutory Branch auditors of the Bank as approved by RCS.

TERMS & CONDITIONS:

1. The applications received by the Bank would be screened by a committee constituted for this purpose under the chairmanship of General Manager Bank. The committee will consider empanelment of CA firms/Forensic audit firms based on their experience, Certificate course of F.A.D.F (Forensic Audit and Fraud Detection) from ICAI, D.I.S.A qualification, staff strength, number of partners, seniority etc.
2. Usual KYC norms like identity and address proof of Firm/Company are mandatory.
3. PAN and Registration Number with Institute of Chartered Accountant/Institute of Cost Accountant of India is also mandatory for application and its Chartered Accountant/Cost Accountant partners/Directors.
4. Bank reserves the right to reject any or all applications for empanelment without any liability and assigning any reasons thereof. Further, Forensic Audit process and its observations shall be reviewed at regular intervals in the Bank.
5. In case any serious act of omission or commission is noticed in the working of the forensic auditors, the Bank may consider terminating their appointment. If felt necessary, it may be reported to Indian Institute of Chartered Accountants of India (ICAI) for such action.
6. On empanelment the firm/company will have to give an undertaking with Non Disclosure Agreement clause. **The Services of the firm/company will be taken as and when required.**
7. The list of selected CA firms/Forensic audit firms would be placed before the Managing Director for final approval.

SUBMISSION OF APPLICATION:

Hard copy of complete application in the prescribed format be sent at the following address in a sealed cover within 21 days from the publication of notice in the newspaper:-

The Assistant General Manager
Compliance & BRCTL Section, Head Office,
The H.P State Cooperative Bank Ltd.
SDA Complex, Block No.18,
Kasumpti, Shimla-171009(H.P)

The envelope should be superscribed with **"APPLICATION FOR EMPANELEMNT FOR FORENSIC AUDIT"**. No application will be accepted after 01.04.2026 at 5:00 PM.

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FORMAT OF APPLICATION

APPLICATION FOR EMPANELMENT FORENSIC AUDITOR

1. Name _____ of _____ the _____ firm/Company _____ -
2. Date of Establishment-_____
3. Registration No. of firm with ICAI-_____
4. Certificate course of F.A.D.F (Forensic Audit & Fraud Detection)
(Certificate to be enclosed) _____
5. Experience _____ in _____ dealing _____ with _____ audit _____ of _____ Banking _____ Sector.

6. Constitution of the firm-_____
(Individual/Proprietorship/Partnership)
7. Details _____ of _____ Technical/Professional _____ Qualified _____ staff

8. Detail of CISA/DISA qualified person-_____
9. Postal Address (Full Address with Pin code to be given)-_____

10. Number of _____ Partners _____ (Full _____ time _____ partners) _____ :-

11. Staff strength:-_____
12. Phone Nos.
 i) Landline(s)-_____
 ii) Mobile No.(s)-_____
 iii) Fax No.-_____
 iv) E-mail ID(s)-_____
13. GST Registration No.-_____
14. PAN No. of the Firm-_____
15. Details of Registration with RBI
 i) RBI Unique Code No.-_____
 ii) Category of Firm-_____

16. Details of experiences with other banks in conducting Forensic Audit -

Any other relevant information, the firm tends to give-_____

I/We confirm that:

- A. The information furnished above is correct to the best of my/our knowledge and belief. In case any information or a part thereof is found incorrect, my/our application may be rejected forthwith.
- B. The firm and/or its associate concern and/or network firm have not been engaged in any audit assignment of the Bank or served as a support/consulting consultant for the Bank in the past.
- C. I/We undertake to furnish necessary evidence/proof thereof, if any as and when required by the Bank.

Place:

Date:

Signature of the applicant with seal

(On the Letter Head of the Firm)
Letter of Acceptance/ Undertaking

Date: _____

I/We _____ the proprietor/main partner of M/s _____ situated at _____ (complete address) hereby accept the terms and conditions as conveyed to us through your website while calling for the applications. I/we further declare that :-

- i) Credit facilities availed by the firm or partners of firm or partners of firm in which they are partners or directors, including any facility availed by a third party for which the firm or its partners are guarantor/s, **have not turned non-performing asset or are existing non-performing assets**, as per the prudential norms of RBI. In case such declaration is found incorrect, the assignment would be immediately terminated, besides the firm being liable for any action under ICAI/RBI/IBA guidelines.
- ii) I/we, jointly and severally, shall faithfully, truly and to the best of my/our skill and ability execute and perform the duties required from us in connection with the above audit. I/We further undertake that I/we shall not communicate or allow to be communicated to any person not legally entitled thereto, any information relating to the affairs of HP State Cooperative Bank Limited, nor shall I/we allow any such person to inspect or have access to any books, or documents belonging to or in the possession of HP State Cooperative Bank Limited, or to the business of any person having dealing with HP State Cooperative Bank Limited.
- iii) None of the partners/proprietor of the audit firm or their spouse, dependent children and wholly or mainly dependent parents, brothers, sisters or any of them, or the firm/company in which they are partners/directors have been declared as willful defaulters by any bank/financial institutions and further declare that there are no adverse remarks/disciplinary actions taken in respect of professional conduct etc. in the records of Institute of Chartered Accountants of India (ICAI) against me/our firm.
- iv) In case the above declaration or any part thereof is proved to be incorrect, the bank is free to advise the details thereof to RBI and Institute of Chartered Accountants of India for initiating necessary action against me/ our firm.
- v) I/We do hereby give my/our consent for **empanelment as Forensic Auditor of the Bank and undertake to carry out assignment** as and when assigned by **The HP State Co-operative Bank Ltd., Head Office, The Mall, Shimla**

Date:

Seal of the firm:

Place: