BIODATA FORMAT

APPLICATION FOR INCLUSION OF NAME IN THE PANEL OF CHARTERED ACCOUNTANTS (CONCURRENT AUDIT)

| 1. | Name of the Audit firm | : |
|----|------------------------------------|---|
| 2. | Date of Establishment | : |
| 3. | Address (Head Office) | : |
| 4. | Phone & mobile number of H.O. | : |
| 5. | Fax No. & E -mail | : |
| 6. | Registration No. of firm with ICAI | : |

7. Details of Branch

| Name Branch | of | Name Head | of | Branch | Address | Phone/ Mobile No. |
|----------------|----|--------------|----|--------|---------|-------------------|
| | | | | | | |

8. Constitution (Partnership) :

(Copy of Partnership deed & copy of constitution Certificate issued by the ICA I certifying the constitution of the firm & branches as on DATE 01.01.2015 to been closed). If there is any change after 1.1.2015 latest certificate & latest partnership deed may be submitted.

9. Particulars of Partners:

| S.No. | Name | Age | ICAI Membership No. | Whether Passed DISA*/(Xerox copies of the certificates to been closed) | Whether FCA or ACA |
|-------|------|-----|---------------------------|---|--------------------------|
| | | | | | |

* (Certificate of practical training or Eligibility test are not at all required). If any partner is not full time partner, please mention the same against his name in Bold letters.

10. Past Experience of important Bank Assignment (Experience of Firm only to be mentioned. Separate experience of partners with any other firm is not to be mentioned)- Details of the important Bank assignment (s) completed in the last 5years and those in hand at present.

a) Experience of Statutory Audit of Nationalized Bank :

| Name of Bank | Name of Branch | Year |
|--------------|----------------|------|
| | | |

(Copy of appointment letter for latest assignment to be enclosed)



b) Experience of Concurrent Audit of Nationalized Bank or RRB:

| | Name of Bank | Name of Branch | Year |
|--|--------------|----------------|------|
| | | | |

(Copy of appointment letter for latest assignment to be enclosed)

11. If firm or partners having any account, advance and other dealings with Rajasthan Marudhara Gramin Bank, please furnish necessary details indicating nature of the dealings & name of the Bank's Branch where the account/sis/are maintained.

| Name of | Name of Bank's | Nature of dealing |
|--------------------|----------------|-------------------|
| Partner/proprietor | Branch | |
| | | |
| | | |

12. Annual Income:

(Copy of the latest income tax Return of the Firm to be attached)

- **13.** Whether the firm or any partner have ever been debarred by ICA/RBI. If yes, details to be mentioned:
- **14.** Any other details:

We here by confirm that the firm/any partner was not statutory auditor or associate concern (as defined by RBI) of Statutory auditors of branches of Rajasthan Marudhara Gramin Bank for the previous/current year & we are not disqualified under any of grounds given in Sec. 226 of the Companies Act. 1956.

We here by confirm that the details / information furnished above are/is true and correct (if any detail furnished above is found incorrect later on, the Bank has right to terminate the assignment without giving any notice).

We also hereby declare that if our name is included in the bank's list of approved CAs/Consultants, we will undertake to do the tasks entrusted to us in the best interest of the Bank.

We abide by the rules and regulations of the Bank in force from time to time and will always keep the Bank's interest foremost in mind.

Signature of all partners with ICAI Membership Nos. Name and Office Seal

Place: Date:

Name and Office Seal

