

APPLICATION FORM

Details of Chartered Accountant firm for the Statutory Audit of Kerala Ayurvedic Studies & Research Society (KASRS) for the financial year 2025-26:

Sl. No	Particulars	Details
1	Name of the firm	
2	Address of the Registered/Head Office	
3	Telephone number and E-mail address	
4	ICAI Registration No. with Region Name And Code No.	
5	Date of constitution of the firm	
6	PAN No. of the firm	
7	Date since when the firm has a full time FCA	
8	Number of Full-Time Partners as on 1-4-2020 (Details to be provided in " Annex- A ")	
9	Number of Part time Partners if any, as on 1-4-2020	
10	Number of Full Time Chartered Accountant Employees as on 1-4-2020	
11	Number of Branches (Details to be Provided in " Annex-B ")	
12	Whether the firm is engaged in any Statutory Audit and other accounting work of any Govt. Companies/ Autonomous body, and Academic Institutions etc. (If	

	yes, Details may be given " Annex-C ").	
13	Turnover of the Firm (last 3 years)	

(On Firms Letter Head)

Annex-A

Details of Full Time Partners of the Firm

Sl. No	Name of the Partner	Membership No.	Whether FCA/ACA	Date of joining the firm (full time)	Station & Region where residing at present

(Signature of Authorized Person with Seal of the Firm)

Place:

Date:

(On Firms Letter Head)

Annex-B

Particulars of Branches (including foreign branches, if any)

Sl. No	Station at which located	Complete address with PIN Code & Telephone No.	Name of the partner in charge of the branch	Date of opening of the branch	Region

(Signature of Authorized Person with Seal of the Firm)

Place:

Date:

(On Firms Letter Head)

Annex-C

Details of Statutory Audit Work / Any Other Accounting Work of Govt./Listed Companies, Autonomous body, Academic Institutions, etc. in hand with the firm/undertaken in the last five year as on 31-3-2025.

Name of Client	Type of Audits (Tick appropriate Box)

	Statutory	Tax	Internal/other
Academic Institutions			
1.			
2.			
3.			
4.			
Co-operative Societies			
1.			
2.			
3.			
4.			
Companies			
• PSU			
1.			
2.			
3.			
4.			
• Others			
1.			
2.			
3.			
4.			
Insurance Companies			
1.			
2.			
3.			
Autonomous bodies			
1.			
2.			
3.			
4.			

(On Firms Letter Head)

Undertaking

I/We the following partners of M/s.
 _____, Chartered Accountants do
 hereby jointly and severely verify and declare –

- i. that the particulars given are complete and correct and that if any of the statements made or the information so furnished in the application form is later found not correct or false or there has been suppression of material information, the firm would not only stand disqualified from allotment but would be liable for disciplinary action under the Chartered Accountants Act, 1949 and the regulations framed

there under;

- ii. that the firm, or partners has not been debarred or cautioned by ICAI during the last five years, (if debarred, give details);
- iii. that individually we are not engaged in practice otherwise or in any other activity which would be deemed to be in practice under section 2 (2) of the Chartered Accountant Act, 1949;
- iv. that the constitution of the firm as on 1st April of the relevant year shown is same as that in the constitution certificate issued by the ICAI.

Sl. No.	Name of the Partner	Membership Registration No.	PAN No.	Signature of partner

CHIEF EXECUTIVE OFFICER

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