Review of Performance of Chartered Accountants For existing empanelled Auditor

1. DETAILS OF THE FIRM/ PARTNERSHIP ENTITY/ COMPANY (IF APPLICABLE)

- a. Name:
- b. Registration Number/LLP Number/CIN Number/UCN Number:
- c. PAN No:
- d. GST No:
- e. Address for Correspondence or registered office:
- f. Permanent Address:
- g. E-Mail Address
- h. Telephone No.:
- i. Others:

2. PERSONAL DETAILS OF INDIVIDUAL/ PROPRIETOR/ EACH PARTNER/DIRECTOR

- (i) Title (Mr/Mrs/Ms):
- (ii) Name:
- (iii) Father's Name:
- (iv) Mother's Name:
- (v) Date of Birth:
- (vi) Registration with CBDT under Wealth Tax Act, 1957 YES / No.If yes, (Registration No. & Date, of Individual/ all the Partners (in case of Partnership Firm)
- (vii) PAN No.:
- (viii) AADHAAR No.:
- (ix) Passport No.:
- (x) GST No.
- (xi) Address for Correspondence:
- (xii) Permanent Address:
- (xiii) E-mail address (xiv) Mobile No. (xv) Others

3. EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

[Please provide educational qualifications from bachelor's degree onwards for Individual/proprietor/ each partner/director]

i. Educational Qualifications

Educational Qualificati on	Year of Passing	Marks (percent.)	Grade/ Class	University/ College	Remarks, if any

ii. **Professional Qualifications** for Individual/ proprietor/ each partner/director

Professional Qualification	Institute/ Professional Body/ registered valuers organisation	Membership No.	Date of enrolment	Remarks, if any

1	(i)	Number of years completed with the Bank	
١		number of years completed with the bank	•

(ii) Nature of assignment :

(iii) Whether there is inordinate delay in

• Taking up various audits : Yes/No

• Completion of audit work : Yes/No

• Submission of audit report and required various certificates : Yes/No

(iv) Period of empanelment : From To

4. Membership with Professional Bodies and Membership No:

5. Work Experience

- **6.** Upgradation of knowledge by undertaking professional courses since last review or empanelment:
- **7.** Registration with Govt. agencies:
- **8.** Date of empanelled in the Bank

9.	Major	assignme	nt handled	so far	(Furnish	Nature	of a	Assignment,	Nature of	of .	Assets,	&
	Amou	nt):										

10. Experience with Bank so	far and remarks referri	ng to various audits i.e.,	Statutory
Audits, Concurrent Audits	, Stock Audit, Receivable	e Audits etc:	

Type of Audit	Period	Circle	Remarks

11. Names of the CAs visited the bank during the course of various audits:

Sr. No.	Names of the CAs who		Dates of Visit					Total man days	
	visited	НО	/	Со	ntrolling	Branches	allotted	to	spent on audit
		Offic	ces			the firm			
		Fron	n		То	From	То		

- 12. No. of unqualified assistants / articled clerks deployed for audit of the bank with dates (HO/Controlling Offices and branches separately)
- **13.** Give comments on quality of audit undertaken by the firm of the areas allotted to them, highlighting the weaknesses/drawbacks, if any, noticed in their performance with full details.
- **14.** Others: Specific issues not included above but needs to be indicated for the performance appraisal.

	For & on behalf of the firm/Company
Place:	Signature
Date:	Name & designation

For Office Use at LHO-CCO Department

- 1. No Divergence in the areas allotted to them at LHO level during their Stock audits.
- 2. In our opinion, Chartered Accountants can be considered for reappointment considering their performance with our bank.

Recommended by	Reviewed by
Assistant General Manager	Deputy General Manager & CCO
(Credit Audit & Compliance)	
Date:	
Place:	