

(To be given on the Audit Firm's Letter Head)

Sanction II

**PROFORMA FOR SUBMISSION OF TECHNICAL BID
PART - I**

Sl. No	Particulars	
1.	Name of the Cost Accountant in practice / Cost Accountant Firm	
2.	ICWAI Registration Number of Firm	
3.	Year of establishment	
4.	Complete Postal Address with PIN Code of the Head office and Branch office of the Firm (Branch office will be treated as per certificate of the institute).	
5.	PAN of the Firm	
6.	GSTIN Number	
7.	Contact details: Address of the Firm with the following details (Branch office will be considered as per details available in the certificate of practice): i) Phone No(s) ii) Mobile No(s) iii) FAX No(s) iv) E-mail ID(s)	
8.	Details of Cost Accountant / Proprietor/ Partners: a) Number of Partners (Whole Time / Part Time / Fellow / Associate).	

	<p>b) Names of Proprietor/Partners (please state ICWAI Membership Number and Year of starting Practice against each).</p> <p>c) No. of Years in conducting Cost Audit.</p> <p>d) Experience in years in conducting cost audit of the Central/State PSU's engaged in power companies.</p> <p>e) Experience in years in conducting cost audit of the Central/State PSU's in industries other than mentioned in (d).</p> <p>f) Details of Cost Audit experience of the companies other than mentioned in above (d) & (e).</p> <p>g) Copies of the appointment order with signature of the issuing authority to be enclosed.</p>	
9.	Average Annual Turnover of the Firm in the last three financial years.	

Note:

1. Documentary evidence of all the information as stated above are to be furnished along with the offer.
2. All the pages of the terms & conditions and documents submitted are to be signed with the seal of the firm.

**Signature of the bidder
with seal**

Name:

Place:

Date:

(To be given on the Audit Firm's Letter Head)

FINANCIAL BID - Part II

Sub: Appointment of the Cost Auditor of the Company for the financial year 2020-21, 2021-22 & 2022-23.

Name of the Bidder:

Address:

I / We have read all terms and conditions of the RFP carefully and hereby offer / quote our price for the Cost Audit -

-For the financial year **2020-21** at Rs. ----- (Rupees in words-----) inclusive of taxes, cess and out of pocket expenses for APIIC Ltd.,

-For the financial year **2021-22** at Rs. ----- (Rupees in words-----) inclusive of taxes, cess and out of pocket expenses for APIIC Ltd.,

-For the financial year **2022-23** at Rs. ----- (Rupees in words-----) inclusive of taxes, cess and out of pocket expenses for APIIC Ltd.,

**Signature of the bidder
with seal**

Name:

Place:

Date:

(To be submitted in Audit Firm's Letter Head, along with acceptance of Appointment)

FORMAT OF NEFT - PART -III

To
The CGM(F)
APIIC LTD, IT TOWERS,
MANGALAGIRI - 522503.

Dear Sir,

Sub: Details for National Electronic Fund Transfer.

We request and authorized you to effect payment through NEFT to our Bank Account, subject to RBI Guidelines, as per the details given below.

A	Name of the Firm	
B	PAN of Beneficiary	
C	GSTIN of Beneficiary	
D	Email Address of Beneficiary	
E	City (of Beneficiary)	
F	Bank Name	
G	Branch (of Bank)	
H	Account Number	
I	Account type (Savings or Current)	
J	MICR Code of the branch (9 digits)	
K	IFSC for NEFT	
L	IFSC for RTGS (if different from K)	

Thanking you,

**Signature of the bidder
with seal**

Name:

Place:

Date: