

OIL AND NATURAL GAS CORPORATION LIMITED (Office of In-Charge Finance - ONGC Trusts)

Shed No. 21, Tel Bhavan, Dehradun–248003 Phone: 0135-2793100/3545; Fax: 0135-2753549

INVITATION TO CHARTERED ACCOUNTANCY FIRMS BASED AT DEHRADUN FOR STATUTORY AUDIT OF WELFARE TRUSTS ADMINISTERED & MANAGED BY OIL AND NATURAL GAS CORPORATION LIMITED, DEHRADUN

FOR THE YEAR 2016-17

Proposals are invited from Chartered Accountancy firms based at Dehradun, who are registered with the Institute of Chartered Accountants of India and empanelled with Comptroller and Auditor General of India to conduct the statutory audit of the following ONGC Welfare Trusts for the financial year 2016-17.

1. Composite Social Security Scheme(CSSS) Trust

Audit fees- Rs 28,625/- (Rupees Twenty Eight Thousand Six Hundred Twenty Five Only) (including applicable service tax)

Scope of work- (i) Audit

(ii) E-filing of Income Tax Return

Contact person- Shri Mrityunjay Mishra, Sr. F&AO, Tel No.- (0135) 2793152, Email id- cssstrust@ongc.co.in

Note: - The audit firms:

- (i) which have conducted the audit of ONGC CSSS Trust for FY 2015-16 or
- (ii) which have conducted the audit of ONGC CSSS Trust for two times in the last six years i.e. from FY 2010-11 to 2015-16.

will not be eligible for appointment in ONGC CSSS Trust for the FY 2016-17. Consequently, these firms are requested not to send their proposal to ONGC CSSS Trust for the Audit of FY 2016-17.

2. ONGC Sahayog Trust

Audit fees- Rs 12,000/- (Rupees Twelve Thousand only) (including applicable service

Scope of work- (i) Audit

(ii) E-filing of Income Tax Return

Contact person- Shri Ajeet Kumar, Sr. F&AO, Tel No.- (0135) 2793550, Email id- prbstrust@ongc.co.in

Note: - The audit firms which have conducted the audit of ONGC Sahayog Trust for the FY 2015-16 will not be eligible for appointment in ONGC Sahayog Trust for the FY 2016-17. Consequently, these firms are requested not to send their proposal to ONGC Sahayog Trust for the Audit of FY 2016-17.

Further, in case of ONGC Sahayog Trust, the selected audit firm will be appointed for the financial year 2016-17 and may be extended by Trust on same terms and conditions for one more year.

The information has to be submitted as per details given in Annexure. Separate signed and scanned proposal have to be submitted to separate Trusts on the respective email ids.



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Information once submitted, shall be taken as final and no further changes shall be allowed. However, clarification if any, shall be sought by ONGC's Trusts as and when required.

The information has to be submitted on or before 10th February, 2017.

The annexure is attached with this letter.

Thanking you,

Sincerely,

For and on behalf of ONGC Welfare Trusts

(Sanjiv Kishorbhai Sutaria)

DGM (F&A) & Incharge finance-All Trusts



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ANNEXURE

(ON THE LETTER HEAD OF THE COMPANY)

Proposal for Audit of (Name of Trust)

Sl. No	Particulars	,
1	a. Name of the firm (in capital letter)	
	b. Address of the Head Office (please also give	
	telephone no. and e-mail address)	
	c. PAN no. of the firm	
	d. Name and telephone number of contact person	
2	ICAI registration No. and Date of registration with ICAI	
3	Empanelment number with Comptroller and Auditor General of India (C&AG)	
4	Number of Full-Time Fellow Partners as on date (Full	
	time Fellow Partner means having association with one Firm only)	
5	Number of Other than Full-Time Fellow Partners as on	
	date (Other than full time Fellow Partner means having association in more than one firm.)	
6	Number of Full-Time Associate Partners as on date (Full time Associate Partner means having association with one Firm only)	
7	Number of Other than Full-Time Associate Partners as	
	on date (Other than Full time Associate Partner means	
	having association with more than one Firm)	
8	Turnover of the Firm in the previous financial year 2015-16 (in lakh)	
9	Number of qualified assistants (Chartered/Cost	
	Accountant) in the Firm as on date. He should be a	
	member of his respective Institute.	
	(Please attach list of Name & Qualification of each qualified Assistant/Manager/ Employee specially specifying Fellow or Associate of respective Institute along with membership number.)	
10	Number of semi-qualified assistants (Intermediate pass	
0.000	Accountant) in the Firm as on date.	
	(Please attach list of Name & Qualification of each Semi-	
	qualified Assistant/ Employee specially specifying level of	
	exams passed of respective Institute.)	
11	Average number of statutory audits (excluding	
	cost audits) done per year in the last three years.	
12	Total No. of audits of Welfare Trusts done by firm	
	since inception	
13	No. of audits of Welfare Trusts in the previous financial year 2015-16	
14	Exposure to auditing under System based /ERP	
	environment: Number of Companies audited (name of	
	the company, financial year audited, Confirmation	
	about Statutory Audit SAP-based Accounting /ERP	
	environment.)	



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UNDERTAKING

I/We the sole proprietor/partners of M/shereby jointly and severally verify and declare:-	Chartered Accountants do
 (i) that the particulars given are complete and co or the information so furnished in the applica or there had been suppression of material info 	ation form is later found not correct or false
(ii) that the firm proprietor or partners have not be	een debarred by ICAI during last five years
Place:	Signature of the Partner/ Sole Proprietor (Seal of the firm)
Date.	