

FORM A

Application Format for providing Chartered Accountant service for ATI Mysore on Consultancy basis

Advt. No Date

Applied for

SECTION – A : DETAILS OF THE INSTITUTION

1.Name of the Proprietor (In Block Letters)

2. Date of Registration with CAG

5. Address for Communication.....

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Pin Code

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Tel. No (with STD code)..... Mobile.....e-mail ID.....

5. Permanent Address.....

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Pin Code

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SECTION – B: DETAILS OF THE CANDIDATE

6. Name of the Candidate.....

7.Educational Qualifications
(Please attach photocopies in support)

8. Experience

9. Address for Communication.....

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Pin Code

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Tel. No (with STD code)..... Mobile.....e-mail ID.....

10. Permanent Address.....

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Pin Code

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DECLARATION TO BE SIGNED BY THE PROPRIETOR OF THE FIRM

I hereby declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If at any time, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall liable to be summarily rejected/terminated without notice or compensation.

Date: _____

Place: _____

(Signature of the Applicant)

Specifications/Roles & responsibilities is as follows:

1. Tally latest version
2. Financial Data Management – Collections & Maintenance of financial data.
3. Financial report Preparation- financial statements that may include monthly & annual accounts based upon the financial information.
4. Compliance of all financial reports.
5. Preparation of annual accounts.
6. The preparation of budget evaluation.
7. Establishment of cost accounting.
8. Managing taxation process/returns.
9. Any other accounting/financial role assigned.