



ALLAHABAD BANK

(A GOVERNMENT OF INDIA UNDERTAKING)

HEAD OFFICE : 2, NETAJI SUBHAS ROAD, KOLKATA-700 001

Zonal Office, Kolkata Metro, Phone: 4025-9748 & 4025-9718.

Fax -4000-0489, E-Mail- zo.kolkata_metro@allahabadbank.in

BIODATA FORMAT SEEKING APPLICATION FOR FORENSIC AUDIT FOR CHECKING DIVERSION OF FUND, CRIMINALITY SURFACED, IF ANY

1. Allahabad Bank invites applications in the under noted prescribed format from firms who have experience of conducting forensic audit in Banks & are willing to have their firm assigned as Forensic Auditor in the Bank.
2. **The Bio-data should be submitted in the under-noted format to the Dy.General Manager, Zonal Office, Kolkata (Metro) , Allahabad Building, 5th Floor, 377-378, G.D Block, Sector-III, Salt Lake, Kolkata- 700106 only by postal service / courier.**
3. “Application for Forensic Audit” should be mentioned on the envelope carrying Bio-data.
4. Mere submission of application does not, in any way, constitute guarantee for allotment of any assignment from the bank.
5. If the space provided for against any item in the Bio-data format is not sufficient, details may be furnished in a separate sheet.
6. All enclosures must be attested as true copy under seal by the proprietor / at least one partner in case of partnership firm.
7. Any change in the Bio-data format will result in rejection of the same.
8. **The last date for receipt of Bio-data is 15th November 2018.**

APPLICATION FOR FORENSIC AUDIT

- 01 Name of the firm :
:
- 02 Date of Establishment :
- 03 Details of registration with any Statutory Body:
- 04 PAN No. of firm :
- 05 Address (Head office) :
- 06 Phone & mobile number of H.O. :
- 07 Fax No.& E-mail :
- 08 Constitution (Proprietorship/ Partnership):
(Copy of partnership deed & Copy of constitution Certificate, if any, to be enclosed.

09. Particulars of Full time partners / proprietor:

S.No.	Name	Age	Qualification of Partners/ proprietor including the same for Forensic Audit (Supporting should be enclosed)	Whether any partner/ Proprietor is Ex-banker having audit experience **

***If any partner is ex-banker, his experience certificate is to be submitted.**

All partners / proprietor mentioned above are full time staff / representative of the firm and / are not employed elsewhere.

10. Past Experience of Forensic Audit in Banks

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Name of bank	Name of branch	Year	Details of Job

(Copy of appointment letter for the above assignment to be enclosed)

11. Details of dealings of firm / partners / proprietor with Allahabad Bank, if any.

Name of bank	Name of branch	Details of Dealing

12. Whether the firm or any partner have ever been debarred / depanelled by RBI, any Bank or any other statutory authority

If yes, details to be mentioned:

13. Annual Income:

(Copy of the latest Income tax Return of the Firm to be attached.)

14. Quotation : Total Charges/Fees covering periodicity of audit, taxes and other charges, if any.

15. Any other details :

17. I/We further confirm that :

a) I/We have necessary office set up & adequate personnel to ensure proper deployment and timely completion of assignments.

b) The assignment will not be given on sub-contract to any outside firm or other persons .

c) The details / information furnished above are/is true and correct (if any detail furnished above is found incorrect later on, the Bank has right to terminate the assignment, if given any, without giving any notice).

Date:

Signature of All partners with Name & Seal