Concurrent Audit Report Of NRHM-UP for the F.Y. 2017-2018

| Distrct Heath Society |
|--|
| Name of District Head Quarter |
| Concurrent Audit report for the month of |
| Name & Address of CA firm |
| |
| |

СМО

Tally generated detailed trial balance of DHS cerified by the district concurrent auditor.

(Chartered Accountant) DAM/ DDAA/ Accountant ACMO (NRHM)

Tally generated detailed balance of Block cerified lastrict concurrent audi

(Chartered Accountant)

DAM/ DDAA/ Accountant

ACMO (NRHM)

trial by the tor.

СМО

District Health Society & Block------BANK RECONCILIATION STATEMENT AS ON

Annexure:- IB

| <u>Bank</u> | Account Name | Account No. | | | |
|-------------|--|------------------|----------------|--------|------|
| | | | Sc. No | Amount | |
| Balar | nce as per Cash 0.00 | | Α | | - |
| Add: | Cheques issued but not yet presented for payment into bank | | Annxure A | | - |
| Add: | Credit entries made in the bank pass book but not shown in the c | ash book | Annxure B | | |
| Add: | Other Reasons Sub-Total | | Annxure C B | | - |
| Less: | Cheques deposited into Bank but not yet credited into the Saving the SHS / DHS | Bank Account of | Annxure D | | 0.00 |
| Less: | Bank charges debited in the bank account but not accounted for | in the cash book | Annxure E | | |
| Less: | Other reasons Sub-Total | | Annxure F C | | 0.00 |
| Balan | ce as per Pass Book | | A+B-C | | _ |

(Chartered Accounta DAM/ DDAA/ Accountant ACMO (NRHM) CMO

| | | | | | Annxure A |
|--------|------|------------|------------|----------|-----------|
| SI no. | Date | Cheque No. | Party Name | FMR Head | Amount |
| | | | - | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | District Health Society | | | | | | |
|----------|--|--------------|------------|-----------|--------|--|--|
| | Variances between audit and FMR submit | | | | | | |
| FMR Code | STRATEGY/ACTIVITIES | As per Audit | As Per FMR | Varinaces | Reason | | |
| | As Per FMR Scheme/ Components/sub components wise created in tally ERP-9 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

NOTE:- All FRM code should be filled in this sheet wheather differences/ expenditure arise or not

Grand Total

Chartered Accountant ACMO (NRHM) CMO

Annexure:- II

| | | | Annexu | C II | |
|--------|--|---------------|---------------|---------------|-------|
| S. No. | Questionaire | | | | |
| A. RE | PORTING REQUIREMENTS AS PER GOI GUIDELINES | Status Yes/No | If No Give | Any Remark | other |
| 1 | Whether the FMRs/SOEs are based on the books of accounts? | | | | |
| 2 | Whether advances are shown as expenditure in the FMRs?SOEs? if yes then justification | | | | |
| 3 | Whether FMRs/SOEs reporting are being prepared in the format prescribed by GOI? | | | | |
| 4 | Whether FMRs/SOEs reporting is being done on time every month? | | | | |
| 5 | Whether the concurrent auditor has audited the monthly FMR/SOE? | | | | |
| 6 | Whether the statement of fund position is being sent along with FMRs/SOEs? | | | | |
| 7 | Whether the concurrent auditor has audited the statement of fund position? | | | | |
| 8 | Whether FMR/SOE utilisationcertificates for the last reporting month has been sent to SHS? | | | | |
| 9 | Whether the FMR/SOE utilisationertificatessent to SHS have been audited by concurrentauditor? | | | | |
| 10 | Whether the DHS sent the action taken report of the Action Taken Report (ATR) on the last statutary audit report of the DHS to the SHS? | | | | |
| | Whether the DHS sent the Action Taken Report (ATR) on the prev ConcurrentAudit report of the DHS to the SHS? | | | | |
| 11 | Whether all the Rogi Kalyan Samities (RKS) in the District have been audited as per last due date? If not, list down the RKSs, which have not been audited. | | | | |
| B.1 M | AINTENANCE OF BOOKS OF ACCOUNTS at Distt Level | | | | |
| 1 | Whether <u>Double Columner</u> cash book is being maintained on the formate prescribed? | | | | |
| 2 | Whether separate cash books with cash and bank balances on cash system of accountingare being maintained properly for different projects (RCH, NRHM, SIP etc.) and are up to date? | | | | |
| 3 | Whether the cash book is closed whenever transaction occured and is authenticated and duly signed by authorised signatory on daily basis? | | | | |
| 4 | Whether the Society carryingheavy cash balances i.e. exceedingRs. 5000/-? | | | | |
| 5 | If the answer to above is in positive, please give the no. of cases and the reasons therefore. | | | | |
| 6 | Whether the appropriate insurance cover is there for excess cash held by the DistrictHealthsocieties? | | | | |
| 7 | Does the physical cash tallies with that entered in cash book? Give dates on which verified and the cash balances with DHS on that day. | | | | |
| 8 | Whether the petty cash book is maintained properly? | | | | |
| 9 | Whether the cheque issue register is maintained properly? | | | | |
| 10 | Whether register of Bank Drafts received and Bank drafts issued are being maintained? | | | | |
| 11 | Whether updated passbook/bank statementavailable? | | | | |
| 12 | Whether the bank reconciliationstatement is prepared on a monthlybasis as per Annexure-? | | | | |
| 13 | Whether proper explanationhas been given by the persons responsible regarding unreconciled entries? Please give the detailed list of unreconciled and unexplained entries? | | | | |
| 14 | Are ledgers being maintained properly? | | | | |
| 15 | Whether journal Register maintained? | | | | |

| 16 | Whether Budget Receipts & Control Register is being maintainedin the format | |
|----------|--|---|
| 17 | givenin Annexure'B'? | |
| 17 | Whether the register for payment maintained as advances given- | |
| | -to staff, | |
| | -to Contractors/suppliers/CHCs/PHCsand | |
| 1.0 | -TA/DA advaces | |
| 18 | Whether register for staff payments maintained? | |
| 19 | Whether stock registerare being maintained properly for | |
| | -Civilworks | |
| | -Machinery | |
| | -Furniture & Other non-consumablearticles | |
| | -Register for drugs & medicines | |
| | -Register for Consumablearticles | |
| 20 | Is there a separate register for advances to NGOs and other voluntaryagencies | |
| 2.1 | implementingCH-II prog.? | |
| 21 | Is register of Investments being made properly? | |
| 22 | Whether dispatch register maintained properly? Whether Office attendance register maintained properly? | |
| 23 | | |
| 24 | Whether all the files of the society are systematically numbered and recorded in | |
| D 2 M | fileregister? AINTENANCE OF BOOKS OF ACCOUNTS at | |
| D,4 W | Whether Double Columner cash book is being maintained on the formate | |
| 1 | prescribed? | |
| 2 | Whether monthly FMR/SOE is being submitted to Distt HQ on prescribed | |
| | Whether separate cash books with cash and bank balances on cash system of | |
| 3 | accountingare being maintained properly for different projects (RCH, NRHM, | |
| 3 | SIP etc.) and are up to date? | |
| | Whether the cash book is closed daily and is authenticated and duly signed by | |
| 4 | authorised signatory on daily basis? | |
| | Whether the Society carrying heavy cash balances i.e. exceeding Rs. 5000/-in | |
| 5 | any programme? | |
| | If the answer to above is in positive, please give the no. of cases and the reasons | |
| 6 | therefore. | |
| | Whether the appropriate insurance cover is there for excess cash held by the | |
| 7 | DistrictHealthsocieties? | |
| _ | Does the physical cash tallies with that entered in cash book? Give dates on | |
| 8 | which verified and the cash balances with DHS on that day. | |
| 9 | Whether the petty cash book is maintained properly? | |
| 10 | Whether the cheque issue register is maintained properly? | |
| | Whether register of Bank Drafts received and Bank drafts issued are being | |
| 11 | maintained? | |
| 12 | Whether updated passbook/bank statementavailable? | |
| 13 | Whether the bank reconciliationstatement is prepared on a monthlybasis as per | |
| 13 | Annexure-? | |
| | Whether proper explanationhas been givenby the persons responsible regarding | |
| 14 | unreconciled entries? Please give the detailed list of unreconciled and | |
| | unexplainedentries? | |
| 15 | Are ledgers being maintained properly? | |
| 16 | Whether journal Register maintained? | |
| 17 | Whether Budget Receipts & Control Register is being maintainedin the format | |
| | givenin Annexure'B'? | |
| 18 | Whether the register for payment maintained as advances given- | |
| | -to staff, | |
| | -to Contractors/suppliers/CHCs/PHCsand | |
| 10 | -TA/DA advaces | |
| 18 | Whether register for staff payments maintained? Whether steel registerers being maintained properly for | |
| 19 | Whether stock registerare being maintainedproperly for -Civil works | |
| <u> </u> | -Civilworks -Machinery | + |
| | -Furniture & Other non-consumablearticles | |
| | -Register for drugs & medicines | |
| | -Register for Consumablearticles | |
| | Is there a separate register for advances to NGOs and other voluntaryagencies | |
| 20 | implementing CH-II prog.? | |
| 21 | Is register of Investments being made properly? | |
| 22 | Whether dispatch register maintained properly? | |
| 23 | Whether Office attendance register maintained properly? | |
| 24 | Whether all the filesof the society are systematicallynumbered and recorded in | |
| | | |

| C. | RECEIPTS & INCOME | |
|-------|--|--|
| 25 | Whether DD received register is being maintained properly? | |
| | Whether all the receipts have been recorded in DD received register and Bank | |
| 26 | book withdate and sanctionnos.? | |
| | Whether the grant received have been recorded under proper heads according | |
| 27 | to the purpose for which it was received? E.g. Towards RCH flexipool, Pulse | |
| | polio, EC-SIP, DFID, etc. | |
| D. PA | YMENT & EXPENDITURE | |
| | Whether all the vouchers are checked for the payments made? (Check all | |
| 28 | vouchers above Rs. 2000/- and check remaining vouchers) | |
| 29 | Whether vouchers have been filled properly and complete in all respect? | |
| | Whether all the vouchers are scrolled or not and entered into the Cash/Bank | |
| 30 | Book properly? | |
| | | |
| 31 | Whether all vouchers are supported with appropriate documentary evidences? | |
| 32 | Whether necessary approval from appropriate authority has been taken for | |
| | Whether all the approval are within the sanctioning powers of the sanctioning | |
| 33 | authority? | |
| 2.4 | Whether procedure for obtaining the sanctions has been followed? If no, please | |
| 34 | specifythe no. of cases in which it is not followed? | |
| 35 | Whether expenditures are classified into Capital and revenue properly? | |
| 36 | Whether expenses are debited to proper activity for which it was given? | |
| 37 | Whether all the payments have been classified into as: | |
| | Disbursementout of grant in aid received from | |
| | i) GOI | |
| | j) WHO | |
| | k) NIHFW | |
| | 1) Others | |
| | Whether the amount has been actually utilized for the purpose for which it was | |
| 38 | disbursed? If no, give details. | |
| | Whether there is any deviation between the amount of expenses shown as per | |
| 39 | Income & Expenditureand as per SOEs submitted by DistrictHealth Society to | |
| | the state? | |
| 40 | If yes, quantifythe differenceactivitywise. | |
| | SETS SIDE | |
| a. | Fixed Assets | |
| 41 | Whether fixed assets register has been maintained in the prescribed format? (See | |
| 41 | annexure'C') | |
| 42 | Is the procedure for the purchase of fixed assets being followed? Report | |
| 42 | deviationifany. | |
| 43 | Does physicalstock tallies with that recorded in register? | |
| b. | Advances | |
| 44 | Whether advances are given after following required procedures? | |
| 45 | The purpose for whichadvance was givencomply with bye-laws? | |
| 46 | Whether advance tracking register is maintained properly? (formats per annexure | |
| 40 | 'D') | |
| | | |

| | | |
|-------|--|------|
| 47 | specify whether an age analysisof advances has been maintainedas per formate given?(annexure'E') | |
| 48 | Whether there are huge unadjusted advances (say more than one month)? | |
| 49 | If the answer to above is affirmative please give details of such unadjusted advances and the reason for not adjusting the same. | |
| F LIA | ABILITY SIDE | |
| | Grants/FundsReceived | |
| a. | 0.11.11.00.7.0.11.00.1.00 | |
| 50 | Whether grant-in-aidhave been properly classified as that received from GOI | |
| | towards- | |
| | -RCH – II Flexipool | |
| | -Pulse Polio | |
| | -EC-SIP | |
| | -Area Projects | |
| | -Other (Specify) | |
| b. | Capital Fund | |
| 5.1 | Whether Capital Fund account has been created to the extent of fixed assets | |
| 51 | purchased and capitalized? | |
| G. OT | HER STATUTARY REQUIREMENTS | |
| a. | Tax deducted at source (T.D.S.) | |
| 52 | Whether TDS has been deducted appropriatelywherever required? | |
| | Whether tax has been deducted at source at the rates prescribed? Give list of | |
| 53 | cases where tax has not been deducted or has been deducted short. (for rates of | |
| | deduction of tax refer Annexure'F') | |
| | Whether quarterly returns of TDS in the form prescribed have been filled in | |
| 54 | time? If not, state reasons. | |
| b. | Other requirements | |
| | Whether the society is registered with Income Tax authorities for exemption from | |
| 55 | payingtax under relevant sections? | |
| | 1 , 5 | |

Annexure:- III

| Sl No. | Observations | Recommendation |
|--------|--------------|----------------|
| Distri | et Level | |
| | | |
| | | |
| | | |
| | | |
| Block | Level | |
| | | |
| | | |
| | | |
| | | |
| RKS I | Level | |
| | | |
| | | |
| Sub C | enter Level | |
| | | |
| | | |
| VHSN | C Level | |
| | | |
| | | |
| | | |
| | | |

| | Reporting period 01.04.2017 to end of the reporting month | | | | | | | |
|-------|---|--|--------------------|--------------------------------|-----------------|----------------|--|--|
| S. No | Month of report in with comes to light | | Action to be taken | Responsibility to Implement | Timeline agreed | Current Status | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

DISTRICT HEALTH SOCIETY List of Book of Account

| | List of Book of Account Annexure:- V | | | | | |
|---------|---|------------------------------|------------------------|--|--|--|
| Sl No. | As per Operational Guidelines for Financial Management | Maintained by Units (YES/NO) | Status Updatation Date | | | |
| Distric | t Level | | | | | |
| 1 | Double Column Cash and Bank Book | | | | | |
| 2 | Ledger | | | | | |
| 3 | Journal Register | | | | | |
| 4 | Cheque Issue Register | | | | | |
| 5 | Advance Register | | | | | |
| 6 | Salary Register | | | | | |
| 7 | Fixed Asset Register | | | | | |
| 8 | Fund Received Register | | | | | |
| 9 | Disbursement Register | | | | | |
| 10 | Bank Pass Book/ Bank Statement | | | | | |
| 11 | Bank Reconciliation Statement | | | | | |
| 12 | Minutes/ Proceedings Register | | | | | |
| | | | | | | |
| | | | | | | |
| Block | Level | | | | | |
| 1 | Double Column Cash and Bank Book | | | | | |
| 2 | Ledger | | | | | |
| 3 | Journal Register | | | | | |
| 4 | Cheque Issue Register | | | | | |
| 5 | Advance Register | | | | | |
| 6 | Fixed Asset Register | | | | | |
| 7 | Fund Received Register | | | | | |
| 8 | Disbursement Register | | | | | |
| 9 | Bank Pass Book/ Bank Statement | | | | | |
| 10 | Bank Reconciliation Statement | | | | | |
| | JSY Register ** | | | | | |
| | | | | | | |
| RKS L | <u> Level</u> | | | | | |
| 1 | Double Column Cash and Bank Book | | | | | |
| 2 | Ledger | | | | | |
| 3 | Journal Register | | | | | |
| 4 | Cheque Issue Register | | | | | |
| 5 | Advance Register | | | | | |
| 6 | Fixed Asset Register | | | | | |
| 7 | Fund Received Register | | | | | |
| 8 | Disbursement Register | | | | | |
| 9 | Bank Pass Book/ Bank Statement | | | | | |
| 10 | Bank Reconciliation Statement | | | | | |
| 11 | Minutes/ Proceedings Register | | | | | |
| 12 | JSY Register ** | | | | | |
| | | | | | | |
| | | | | | | |

| Sub Ce | nter Level |
|--------|--------------------------------|
| 1 | Columnar Petty Cash Book |
| 2 | Bank Register |
| 3 | Fixed Asset Register |
| 4 | Bank Pass Book/ Bank Statement |
| 5 | Bank Reconciliation Statement |
| 6 | JSY Register ** |
| | |
| | |
| VHSN | C Level |
| 1 | Columnar Petty Cash Book |
| 2 | Bank Register |
| 3 | Bank Pass Book/ Bank Statement |
| 4 | Bank Reconciliation Statement |
| 5 | Minutes/ Proceedings Register |
| | |
| | |

Notes: ** The JSY register will be maintained at delivery point.

DISTRICT HEALTH SOCIETY List of Fixed Assets/Dead Stock Verified

Annexure:- VI

| | List of Fixed A | Losets/Deat | Annexure:- VI | | |
|------------|--------------------------------------|-----------------------|--------------------------|------------------------------|--------|
| Sl No. | Fixed Assets Name as Per Register | Register Folio No. | Quantity as per register | Quantity as per verification | Remark |
| District I | Level (Quarterly) | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| | | | | | |
| | | | | | |
| | evel (Vizited by Auditors) | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 8 | | | | | |
| 8 | | | | | |
| •••• | | | | | |
| RKSI | vel (Vizited by Auditors) | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| | | | | | |
| | | | | | |
| Sub Cent | ter Level (Vizited by Auditors) | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| | | | | | |

DISTRICT HEALTH SOCIETY List of Store/Stock Verification Details

Annexure:- VII

| | List of Store/ | Stock veri | Annexure:- VII | | |
|------------|--|-----------------------|--------------------------|------------------------------|--------|
| Sl No. | Items name as Per Register | Register Folio No. | Quantity as per register | Quantity as per verification | Remark |
| District 1 | Level | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 0 | | | | | |
| •••• | | | | | |
| Dlast- T | oval (Vinitad by Adita) | | | | |
| | evel (Vizited by Auditors) | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| | | | | | |
| | | | | | |
| RKS Le | vel (Vizited by Auditors) | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| | | | | | |
| | | | | | |
| Sub Cen | ter Level (Vizited by Auditors) | | | | |
| 1 | , 124 () ================================== | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 0 | | | | | |
| | | | | | |

Annexure:- VIII

Detail of Fund Disburement to Block /Peripheral Units or Expense without Approval of DHS

| SI No. | Date | Name of Program | FMR Headwith code | Cheque no. | Amount | Reason |
|--------|------|-----------------|-------------------|------------|--------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Annexure:-IX

Detail of Fund Disburement to Block /Peripheral Units or Expense without file movement with SF&AO/F&AO or DAM

| SI No. | Date | Name of Program | FMR Headwith code | Cheque no. | Amount | Reason |
|--------|------|-----------------|-------------------|------------|--------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Annexure-X

Detail of Cash Withdrawal /Issued Cheque (other than tds)at CMO office

| | | Detail of Cash Wit | nurawar/issueu Che | que (other than | tusjat Civio on | icc | | |
|---------|--------------------|------------------------------|---------------------|-----------------|-----------------|--------|--------|---|
| SI No. | Name of Program | FMR Headwith code | Issued in favour of | Cheque no. | Date | Amount | Reason | Wheteher supported by proper documents |
| Distric | t Level (01.04 | 1.16 to Reporting date) | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Block | Level (Vizited | by Auditors) (01.04.16 | to Reporting date) | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Annexure:-XI

Detail of Payment to Asha other than Bank Advice/electroniclly Transfer

| Sl No. | Date | Name of Program | Name of Asha | Cheque no. | Amount | Reason |
|---------|----------------|--------------------------|--------------|------------|--------|--------|
| Block I | Level (Vizited | l by Auditors) (01.04.15 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Annexure:-XII

Name of the Programme

| Sr.No. | Name of Unit | Advance as | Closing Balance of | Balances as p Closing Balance of | er Unit recor | | Difference | Reason for Difference |
|--------|--------------|--------------|---------------------|-----------------------------------|------------------|--------------|---------------|--------------------------|
| | | per Distt HQ | as per Bank Book | Cash as per Cash Book | Other Unit Total | Total | | Difference |
| I | II | III | IV | V | VI | VII(IV+V+VI) | VIII(III-VII) | IX |
| 1 | | | | | | 0 | 0 | |
| 2 | | | | | | 0 | 0 | |
| 3 | | | | | | 0 | 0 | |
| 4 | | | | | | 0 | 0 | |
| 5 | | | | | | 0 | 0 | |
| 6 | | | | | | 0 | 0 | |
| 7 | | | | | | 0 | 0 | |
| | Total | | | | | | | |

Annexure- XIII

Compliance status of last concurrent Audit Report

| Sl. No. | Observations Raised by the previous auditor/ previous month report | Compliance by the district/ Sub district level unit | Whether the compliance is satisfactory & dropped Yes/No | If No give the reason |
|---------|---|--|---|-----------------------------|
| | District level observations:- | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Sub District level Observation:- | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(S/d.)
CONCURRENT AUDITOR DAM/DDAA ACMO CMO

Action Taken Report on pending Statutory Audit observation

| Sl. No. | Observations Raised by the previous auditor/ previous month report | Compliance by the district/ Sub district level unit | Whether the compliance is satisfactory & dropped Yes/No | If No give the reason |
|---------|---|--|---|-----------------------------|
| | District level observations:- | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Sub District level Observation:- | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| (S/d.) | | | |
|--------------------|----------|------|-----|
| CONCURRENT AUDITOR | DAM/DDAA | ACMO | CMO |