

Consolidated Sheet for District Concurrent auditors 2016-17, District Health society (Name of District)

S. No.	Name of Firm	Head office and Branch Office Address	Firm Constitution Date/ Registration No	PAN No./ Service tax Registration No.	Name of Partners/ Proprietor		District in which Submit Proposals	Distance from HO & BO	Average Turnover of Firm		Audit Experiences			Bank Draft/ Pay order Detail (Bank Name / No)	Marks obtain / Qualified Yes/ No	Fees Quoted			Ranking
					Name	Member Ship No.			Audit fees only	Total Turnover	RCH/ NRHM/ Health Sector Audit	Govt. social sectors Audit	Other Govt. Audit			concurrent audit fee (A)	Block specific work (B)	Total Audit Fee C(A+B)	

- Notes:-
 1 Signature of DAC Member
 2 Soft and hard copy