

**Meghalaya Media Society**  
**Estd – 2024**  
**Lachumiere, Shillong**

No. ML.20/2017/Pt/46

Dated Shillong the 1<sup>st</sup> May, 2026

**EXPRESSION OF INTEREST**

Expression of interest is hereby invited on behalf of Meghalaya Media Society, Shillong from CAG empanelled Chattered Accountant firms bases in the state of Meghalaya for conducting the Statutory audit of the Society for the Financial Year 2025-26.

**Terms and Conditions:**

1. The EOI shall be submitted specifically for the Statutory Audit of the Meghalaya Media Society.
2. The Quotation (EOI) must be accompanied by a non-refundable court fee stamp of Rs. 50/- duly affixed.
3. The EOI should be submitted with a capability statement including:-
  - i. Profile of the firm
  - ii. Relevant technical expertise
  - iii. Geographical coverage
  - iv. Financial turnover for the last 3 (three) financial years.
4. Further information may be obtained from the office of the undersigned during working days via Email at [diprmeg@gmail.com](mailto:diprmeg@gmail.com)
5. The EOI document can be downloaded from [www.megipr.gov.in](http://www.megipr.gov.in) or obtained from the Office during Office hours between 10:00 AM and 3:00 PM till 14<sup>th</sup> May, 2026
6. The tender shall remain valid for acceptance for a period of 3 (Three) years.
7. The office reserves the right to accept or reject any or all bids without assigning any reason thereof.

The last date for receipt of EOI is 15<sup>th</sup> May, 2026

  
Member Secretary  
Meghalaya Media Society

**Expression of Interest for short listing of Chartered Accountant Firms for the Audit of  
Accounts of \_\_\_\_\_**

**PART - A**

**Status of the firm**                      **Partnership**                       **Proprietorship**

1. (a) Name of the firm (in Capital letters) \_\_\_\_\_
- (b) Address of the Head office \_\_\_\_\_
- (c) Telephone Number \_\_\_\_\_
- (d) Email Address \_\_\_\_\_
- (e) PAN No. of the firm \_\_\_\_\_
2. ICAI Registration No. \_\_\_\_\_                      Region Name \_\_\_\_\_
- Region Code No. \_\_\_\_\_
3. Empanelment No. with C&AG \_\_\_\_\_
4. (a) Date of constitution of the firm \_\_\_\_\_
- (b) Date since when the firm has full time FCA \_\_\_\_\_
5. Full-time Partners/Sole Proprietor of the firm as on 1 Jan 2020 \_\_\_\_\_

**Sl. No.                      Continuous association with the firm No. of FCA No. of ACA**

- (a) Less than one year
- (b) 1 year or more but less than 5 years
- (c) 5 years or more but less than 10 years
- (d) 10 years or more but less than 15 years
- (e) 15 years or more

**Note:** Please attach the copy of the Firm's Constitution Certificate issued by ICAI as on 01.01.2026

6. Number of Part time Partners, if any as on 1<sup>st</sup> Jan 2026 \_\_\_\_\_
7. Number of full time Chartered Accountant as on 1<sup>st</sup> Jan 2026 \_\_\_\_\_
8. Number of audit staff employed full-time with the firm:
  - (a) Articles/Audit Clerks \_\_\_\_\_
  - (b) Other Audit staff (with knowledge of Book Keeping and accountancy) \_\_\_\_\_
  - (c) Other Professional staff (please specify) \_\_\_\_\_  
(List to be attached for Sl. No. 5 to 8)
9. Number of Branches if any (Please mention places & \_\_\_\_\_

10. Whether the firm is engaged in any internal Or external Audit or providing any other services to any Govt./Company/ Corporation or Co-operative institution etc. Yes/No  
If 'Yes', details may be given on a separate sheet
11. Whether the firm is implementing quality control Policies and procedures designed to ensure that all Audit are conducted in accordance with statements On Standard Operating Practices. Yes/No  
(If 'Yes' a brief note of the cases indicating its present status)
12. Are there any court/arbitration/legal cases against the firm Yes/No  
(If 'Yes', give a brief note of the cases indicating its present Status)
13. Fees earned by the firm for the last 5 years:

Type of Audit	PSU/Autonomous Body	Companies in Private sector	Banks
Statutory/Branch Audit/6-month audit review			
Internal/Concurrent Audit			
Total of the above			

## PART – B

### Undertaking

I/We the sole proprietor/partners of M/S. \_\_\_\_\_  
Chartered accountants do hereby jointly and severally verify and declare:-

- i. That the particulars given are complete and correct and that if any of the statements made or the information so furnished in the application form is later found not correct or false or there had been suppression of material information, the firm would not only stand disqualified from the allotment, but would be liable for disciplinary action under the Chartered Accountant Act, 1949 and the regulations framed there under;
- ii. That the firm proprietor or partners have not been debarred or cautioned by ICAI during the last five years (if cautioned give details);
- iii. That individually we are not engaged in practice otherwise or in any other activity which would be deemed to be a practice under Section 2(2) of the Chartered Accountants Act, 1949;
- iv. That the constitution of the firm as on 1<sup>st</sup> January of the relevant year shown in the Expression of Interest is the same as that in the constitution Certificate issued by ICAI.

Sl. No.	Name of the Partner/Sole Proprietor	Membership Registration No.	PAN No.	Dates of payment of fees for the relevant year _____ A/B*	Signature of Partner/Sole Proprietor

\*A for membership

\*B for issue of certificate of practice

(Seal of the firm)

Place:

Date:

Encl \_\_\_\_\_ pages

**Signature of Proprietor/Sole Partner**