

प्रधान मुख्य आयकर आयुक्त कार्यालय, पुणे OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER OF INCOME TAX, PUNE

आयकर भवन, 12, साधु वासवानी रोड, पुणे 411001

Aaykar Bhavan, 12, Sadhu Vaswani Road, Pune – 411001

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No.PN/CC/Co-ord./401/13/2017-18/59

Date: 19.12.2017

NOTICE FOR INVITING APPLICATIONS

The Pr. Chief Commissioner of Income Tax, Pune invites applications from Chartered Accountants/firms of CAs for empanelment to carry out Special Audit u/s 142(2A) of the I.T. Act, 1961. The remuneration for the Special Audit is governed by Rule 14B of the I.T. Rules, 1962.

The criteria laid down for empanelment is as under:-

- (i) The Chartered Accountant/Firm of CAs should have been in practice as Auditors for the last 10 years and should have experience of audit u/s 44 AB of the Income Tax Act for atleast 5 years;
- (ii) The total income as shown in the return filed in each of the last 5 Assessment Years i.e. from AY 2013-14 to AY 2017-18 should be at Rs. 25 lacs or more;
- (iii) The office of the Chartered Accountant/ Firm of CAs should be located at places falling within the jurisdiction of Pr. CCIT, Pune.
- (iv) No applicant shall qualify for empanelment as Auditor, if
 - (a) he has been dismissed or removed from Government service; or
 - (b) he has been convicted of an offence connected with any proceeding under the Income-tax Act, 1961 (43 of 1961), or the Wealth-Tax Act, 1957 (27 of 1957), or the Gift-Tax Act, 1958 (18 of 1958), or a penalty has been imposed on him under clause (iii) of sub-section (1) of section 271 or clause (i) of section 273 of the Income-Tax Act, 1961, or under clause (iii) of sub-section (1) of section 18 of the Wealth-Tax Act, 1957 or under clause (iii) of sub-section (1) of section 17 of the Gift-Tax Act, 1958; or
 - (c) he is an undischarged insolvent; or
 - (d) he has been convicted of any offence and sentenced to a term of imprisonment; or

- (e) he has been found guilty of misconduct in his professional capacity by the Institute of Chartered Accountants of India.
- (v) The general reputation of the CA/Firm of CAs will be considered and taken into account by the committee constituted to recommend names for empanelment;

The Chartered Accountants/Firms of CAs who fulfill the above criteria may submit the application (duly filled in) in the prescribed form with relevant documents (duly certified) to the office of DCIT (Coord), Room No. 214, 2nd Floor, Aayakar Bhavan, 12, Sadhu Vaswani Road, Pune – 411001 before 04:00 PM of 30/12/2017.

A specimen copy of application form is enclosed with this notice as Annexure A.

The decision of the Pr. Chief CIT, Pune as regards the empanelment of CA/firm of CAs will be final.

(A K MAHALA)

Dy. Commissioner of Income-tax (HQ)(Coord.) For Principal Chief Commissioner of Income-tax, Pune.

Encl: As above.

Copy to: 1) Notice Board of I. T. Buildings in Pune & Ahmednagar.

- 2) Pune Chapter of Institute of Chartered Accountants of India. Plot No. 8, Parshwanath Nagar, CTS No. 333, Sr. No. 573, Munjeri, Opp. Kale hospital, Near Mahavir Electronics, Bibwewadi, Pune, Maharashtra 411037
- 3) PCMC Chapter of Institute of Chartered Accountants of India.
 Plot No. 17/8 A, Nigdi, Siddhivinayak Nagari, Behind Bhakti Shakti
 Chowk, Tansport Nagar, Dattanagar, Pune, Maharashtra 411044
- 4) Association of Chartered Accountants, Pune/PCMC. 417/1, Narayan Peth, Pune 411030

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Dy. Commissioner of Income-tax (HQ)(Coord.), For Principal Chief Commissioner of Income-tax, Pune.

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FORM OF APPLICATION FOR EMPANELMENT AS AUDITOR U/S 142(2A) OF THE INCOME TAX ACT 1961

PART-1

1. Concern name :		
(in case practicing in individ	(in case practicing in individual name, please mention the name. Please do not use the prefix M/s Mr/Mrs. before the concern name).	the concern name).
2. Status*	0 Sole proprietary Concern / Individual	
3. P.A.No.	1 Partnership Firm	
Service tax Registeration No.		
5. Address		
Town	District	
State / Union Territory		
Telephone No.	Pin Code	
Mobile No.	Fax No.	
E-mail		
* Tick appropriate Box		

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I the undersigned as Partner of/ as Individual do hereby declare that the particulars as given above including in Annexure A to Care of the best of my knowledge and belief. I hereby declare that no separate application for any of our branches/concern having Application and are complete and correct in all respects to the best of my knowledge and belief. I hereby declare that no separate application for any of our branches/concern having Application and are complete and correct in all respects to the best of my knowledge and belief. I hereby declare that no separate application for any of our branches/concern having Application and are complete and correct in all respects to the best of my knowledge and belief. I hereby declare that no separate application for any of our branches/concern having Application and are complete and correct in all respects to the best of my knowledge and belief. I hereby declare that no separate application for any of our branches/concern having Application and are complete and correct in all respects to the best of my knowledge and belief. I hereby declare that no separate application for any of our branches/concern having Application and are complete and correct in all respects to the best of my knowledge and belief. I hereby declare that no separate application for any of our branches/concern having Application and are complete and correct in all respects to the best of my knowledge and belief. I hereby declare that no separate application for any of our branches/concern having a separate application for any of our branches/concern having a separate application for any of our branches/concern having a separate application for any of our branches/concern having a separate application for any of our branches/concern having a separate application for any of our branches/concern having a separate application for any of our branches/concern having a separate application for any of our branches/concern having a separate application for any of our branches/concern having a separate	Corporate Entitities 2016-17 Is any disciplinary Action by ICAI against you or any partner of your firm pending Declaration Declaration	YesNo	perien es the		Number of paid chartered accountant employees in the concern Full time Part time Total (Please fill up Annexure B)	(a) Number of FCAs (b) Number of ACAs (c) Total [(a) + (b)]	(Please mention the year in which the firm was established. In case of individuals, the year of obtaining Certificate of Practice Should be included. Particulars of Partners/Sole Proprietor (please fill up Annexure – A) (In case a member is practicing in individual name, particulars of such member to be given)	Year of Establishment

Date : Place : 1. The declaration should be signed by the individual, or by the proprietor in the case of a sole proprietary concern, and one partner in the case of a partnership firm.