

APPLICATION FOR EMPANELMENT IN THE PANEL OF AUDITORS FOR COOPERATIVE SOCIETIES

Name of the applicant and other details

Individual / Proprietorship	surname	middle name	first name	Membership No.
In English				
In Marathi				

Name of the partnership firm				
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	surname	middle name	first name	Membership No.
Name of partners of partnership firm				
Name of signing partner				

Firm Registration No. & date (if registered)				
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Address

Registered office / office				
Building, floor No.	Road / Street	near / opposite		city
Taluka	District	Pin No.		

Contact No.s

Phone No.	Phone No.	Phone No.	Mobile No.	Mobile No.

Experience details

Name of the Coop societies audited	Peiord of audit From to	Year of Audit	date of submission of audit report
1)			
2)			
3)			
4)			
5)			

If experince in Cooperative Audit is more than 10 years in case of Chartered Accountant or Firm of Chartered Accountant and more than 15 years in case of Certified Auditor, give details and attach separate sheet.

Educational details

Details of educational qualification	year of passing & name of the University	class secured
C.A.	ACA	FCA
B. Com		
M. Com		
other graduation (pl. specify)		
other postgraduation		
G. D. C. & A. Name of partners of partnership firm		
H. D. C. /D.C.B.M		
Knolwdge of Marathi Language/SSC/HS C		

Declaration

I hereby declare that, the information given above is true and correct

Name of the person signing the application	
Signutere with date	
if Any authority has been given for signing specify it.	

Document s attached	Graduation certificate	Postgraduation certificate	G. D. C. & A. certificate	S.S.C. passing certificate for marathi language
(please mark ✓ wherever applicable as)				
Individual /Proprietshi				Membership No.
	H. D. C. certificate / D.C.B.M. Certificate	Coopertive audit Certificate issued by WIRC	CAS certificate	
Additional Qualification if any				

Please read carefully instructions for filling the application , incomplete applications will be summarily rejected without assigning any reason.

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Certified that, the Committee has verified the details of application filled in, and satisfied that, he/she/firm should be enrolled in panel, in category A /B /C

District
Deputy
Registrar

District Special
Auditor

Representative of
WIRC

Member
Certified
Auditor

Member of Committee