APPLICATION FOR APPOINTMENT /ENROLLMENT OF CHARTERED ACCOUNTANT ON THE PANEL OF AUDITOR.

To, The Registrar, Cooperative societies, Government of Goa, Mala, Panaji-Goa.

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photograph (Do
not staple)

Sir,

I/We, the undersigned practicing Chartered Accountant would like to convey my/our willingness to enroll my/our name on the panel of certified Auditors to conduct the Audit of the Mutually aided, Notified and State Aided Cooperative Societies in the State of Goa for the Coop. year 2009-10 & 2010-11 alongwith the arrears if any. The Bio-data and other testimonials are as under:-

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5. MOBILE NO.

6. EDUCATIONAL QUALIFICATION:-

- 7. PERIOD OF ARTICALSHIP:-
- 8. NAME OF CHARTERED ACCOUNTANT WITH WHOM ARTICALSHIP IS COMPLETED:-
- 9. DATE SINCE WHEN PRACTICING AS A CHARTERED ACCOUNTANT:-
- 10. WHETHER ANY COOPERATIVE INSTITUTION AUDITED?
 - a) Name of the Institutions:-
- 12. REGISTRATION NO. IF ANY
- 13. PAN NO. IF ANY:-

DECLARATION:-

Date:-

- 1. I hereby declare that all the statements made in the application are true to the best of my knowledge and belief and the application has been filled up by me.
- 2. I have never been debarred from the fellow members of the Institute of Chartered Accountants of India.
- 3. I will abide by the directives /instructions issued by the Registrar and duties and powers of the Auditors as specified under sub-section (1),(2) and (3) of Section 75 of the Goa Cooperative Societies Act, 2001.
- 4. Any willful misrepresentation of facts and concealment of information will results in the cancellation of my name from the panel of Auditors.
- 5. The application alongwith duly attested copies of relevant documents such as Educational Qualification, other certificates etc. should reach to the Department, on or before the stipulated date at 'Sahkar Sankul', 4^{th} & 5^{th} Floor , Patto- Panaji, Goa.

I hereby a	accept all the	terms and c	onditions inso	erted in the	Annexure
appended to	this applicatio	n and also p	aid prescribe	ed fees of R	s.50/- vide
Receipt No	da	ted	<u> </u>		
Place:-					

(Signature of the Applicant or Authorised person.)