

## Annexure – I

- 1) Name of the Firm and Registered Address :
- 2) Address of Branch Offices :
- 3) Registration No. & Year of Establishment :
- 4) C & AG Empanelment No. :
- 5) Category of Firm as per ICAI :
- 6) G.S.T. No. :
- 7) Professional Tax Registration No. :
- 8) P.F. Registration No. :
- 9) Details of CAs as Partners or Paid CAs ( Kindly Attach PT/P.F. returns for last 1 years )

Sr. No.	Name	Designation	Qualification	Registration No.	Age	Date of Joining

- 10) Total Amt. of Income from Audit & Attestation. ( As per Balance sheet to be attached with Audit Report )

Financial Years	Professional Fees( Rs. In. Lacs )
2021-22	
2020-21	

### Certificates

**The undersigned hereby certifies that all the information above is true and correct to the best of my knowledge and belief.**

Date :

Seal of Office-Firm/Proprietor:

Sign :

Name & Designation.

No.	PARTICULAR	Rate
1	Monthly GST – TDS Return	
2	Quarterly IT-ETDS Return of Employee, Contractor & Consultancy ( including Traces downloading)	
3	Certifying & Issuing UTC.	<ul style="list-style-type: none"> <li>• up to 25 lacs</li> <li>• for 25 Lacs to 50 lacs</li> <li>• for 50 lacs to 1 Cr</li> <li>• for more than 1 Cr.</li> </ul>
4	Yearly Account writing in double entry & Audit Report of B. J. Medical College Development Society	