



सत्यवती महाविद्यालय
Satyawati College
(दिल्ली विश्वविद्यालय)
(University of Delhi)



NAAC ACCREDITED 'A+' GRADE

Ref. No. SC/Admn/820/2025

Date 11/03/2025

TENDER FOR PROFESSIONAL SERVICES OF CHARTERED ACCOUNTANT

The Satyawati College (University of Delhi), Ashok Vihar, Phase-III, Delhi-110052 invites Quotations for Professional Services of Chartered Accountant for Audit College Accounts for Financial Years 2024-25, 2025-26 & 2026-27 (Sr.No.1) and other services for Financial Years 2025-26, 2026-27 & 2027-28 (Sr. No. 2 to 5) as mentioned in Annexure-A on the following terms:

1. The engagement of Chartered Accountant will be for a period of three years w.e.f. 01.04.2025.
2. Chartered Accountant must be registered with ICAI.
3. Confidentiality and data protection of College records should be maintained.
4. The CA will report to the Principal, Satyawati College, University of Delhi.

Interested Chartered Accountant are requested to kindly quote their rates in Sr. No.2 to 5 of Annexure-A. Kindly submit a properly filled and signed copy of this information on your letter head along with proof of their registration with ICAI latest by 25th March, 2025 to the Principal, Satyawati College, Ashok Vihar, Phase-III, Delhi-110052.

Note: Earlier Notification No.SC/ACCT/249/2024-25 dated 06.02.2025 stands cancelled. Those who have applied in response to this notification are requested to apply again.

Prof. Subhash Kumar Singh
Principal

Copy for information to:

1. The Administrative Officer
2. College Website
3. University Website

ANNEXURE-A

S. No.	Scope of Work	Fees, Including applicable Tax	Remarks, if any
1	Audit Fee for College Annual Account (Yearly Basis)	As per UGC Guidelines	
2	Income Tax Return Filing Charges (Yearly Basis)	To be filled	
3	GST Return Filing Charges (On Monthly Basis)	To be filled	
4	Vetting of Utilization Certificate (Per Certificate Basis)	To be filled	
5	Scrutiny Charges of Income Tax, under related section (for complete settlement), if any	To be filled	

Signature of CA: _____

Name of the Firm: _____

Membership No. _____

Name of the CA: _____

Address: _____

Mobile No. _____