

## Application Form for Empanelment as Internal Auditor in MSEDCL

**To,**

**The Chief General Manager (IA) MSEDCL,**  
 Internal Audit Section, First Floor, Prakashgad,  
 Plot No.G-9, Anant Kanekar Marg, Bandra (E),  
 Mumbai-00051.

<b>Sr. No.</b>	<b>Particulars</b>		<b>Supporting documents required to be Submitted</b>
1.	Name of the Firm		Firm Registration Certificate under ICAI /ICMAI
2.	Address of the Firm: Registered Head Office		
3.	Whether Head Office of the Firm is in Maharashtra. If yes, then please mention the District Name	(Yes / No)	
4.	Firm Income Tax PAN No.		Attach copy of PAN card
5.	Firm GST No.		Attach copy of Registration Certificate
6.	Registration No. with ICAI & ICMAI		Firm Registration Certificate issued by the ICAI/ICMAI
7.	Date of establishment of Firm		Membership Extract from ICAI / ICMAI
8.	Type of Firm	Proprietor/Partnership Firm/ LLP	
9.	Whether Previously Empaneled with MSEDCL. If Yes, Existing User id (Audit Compliance System)	(Yes / No)	
10.	Year in which Previously Empaneled with MSEDCL	(2020-23 / 2023-26)	
11.	No of years' experience in Audit in SAP Environment		Self-undertaking along with the Experience Certificate of Internal/Statutory Audit of Companies, working in SAP Environment for at least 3 Years, if available.
12.	Mobile No. & Landline No.		
13.	Email id		
14.	Whether Empaneled with CAG. If Yes, then CAG Empanelment Number	(Yes / No)	Empanelment Certificate
15.	Whether "Peer Review" of the firm is carried out on or after 01.01.2021	(Yes / No)	Peer Review Certificate
16.	Whether Firm is MSME, if yes then MSME registration number	(Yes/No) – MSME registration number	MSME Certificate
17.	Details of Partners along with Professional Qualification & Experience	As per enclosed format -(A) & (B)	Self-Attested on letterhead of firm
18.	Audit Experience of the Firm No. of audit assignments of Internal /Statutory Audit of Corporate/ PSUs entities (on or after 01.04.2021)	As per enclosed format - (C)	Copy of Experience Certificate along with Appointment Letter.
19.	Experience for Data Mining & Data Extraction		Self-attested declaration on letter head of Firm along with the certificate in the said area provided by the government recognized body/ university etc. may be submitted, if available.
20.	Non-disqualification		Self-attested declaration on letter head of Firm
21.	Bank Details		Cancelled Bank Cheque
22.	Fees	As per enclosed format - (F)	Receipt of payment with UTR No.

**(A) Details of Full Time Partners of the Firm (as on 31.12.2025)**

Sr. No	Name of Partner	Member ship No.	Whether FCA/ ACA/FC MA/AC MA etc.	Date of joining the firm(full time)	Professional Qualifications	Area of key expertise ☆	Relevant Experience

[Documentary proof, as previously indicated, to be submitted]

**(B) Details of Qualified & Semi-qualified Staff (including Articles etc.) (as on 31.12.2025)**

Sr. No	Name of staff	Duration of Association with the Firm	Professional Qualifications	Area of key expertise ☆	Relevant Experience

[Documentary proof, as previously indicated, to be submitted]

**(C) No. of Internal Audit assignments including PSU Companies / Power Sector (on or after 01.01.2021) :**

Sr. No	Financial Year	No. of Internal Audit assignments	Name of Auditee Organisation			Nature of Audit	Remarks
			PSU	Power Sector	Other than PSU/ Power Sector		
1							
2							
3							
4							
5							

☆ Note:- Area of key expertise may please be supported by relevant Certificates.

**(D)** The details of Branch Offices of firms shall be enclosed in following format :

Sr. No	Branch	Detail Address Of Branch	City	Pin code	District	Name Of Concern Branch Incharge	E-mail of Branch	Contact No. Branch office
1								
2								
3								
4								
5								
6								

**(E)** Also, provide a brief description of the background of your firm for empanelment. The brief description should include both functional and sectoral experiences of the applicants. It should not exceed more than 2- pages.

**(F)** Application fees shall be paid in following Account :

Sr. No.	Bank Details	
1	Account Name	<b>M S E D C L</b>
2	Bank Name	<b>BANK OF MAHARASHTRA</b>
3	Branch Name	<b>FORT - MUMBAI 400001</b>
4	Account Number	<b>20045003931</b>
5	IFSC code	<b>MAHB0000002</b>
6	Fees Paid	<b>Rs. 3,000/-</b>
7	Payment Date	<b>/ / 2026</b>
8	UTR/Ref. No.	
9	Payment Mode	<b>UPI/NEFT/RTGS/DD</b>

Fees shall be paid to above Bank Account through DD/NEFT/RTGS/UPI & receipt / payment deposited shall be enclosed with Application Form.

**(G) Declaration**

I/We (Name of Firm) having office at (address) bearing Registration No. do hereby solemnly state on oath that all the details mentioned herein above are true and correct. I/We have read & understood the terms and conditions of Expression of Interest for empanelment of Internal Auditor in MSEDCL as put up on the website of MSEDCL alongwith Annexures I to III and furnish the aforementioned details in the prescribed Application form. We hereby confirm the acceptance of all terms & conditions of EoI without any deviation.

For and on behalf of

**Name of Firm:-**  
**Registration No.:-**  
**Name :-**  
**Designation :-**  
**Membership No.:-**

**Date: -**

**Place:-**