

FORM A-1
Audit report for fee proposal submitted to NURSING DIPLOMA COURSE
SHIKSHAN SHULKA SAMITI

1. I/we have examined the balance sheet as on,, and the income and expenditure account for the period beginning fromto ending on, attached herewith, of (Name of the Institute and the course at which fees proposal is submitted), (Location address of the college).
2. I/we certify that the balance sheet and the income and expenditure account are in Agreement with the books of accounts.
3. I/we confirm that the mercantile method of accounting is followed while preparing books of accounts and preparing income & expenditure account and balance sheet of the course as at 31st March.
4.
 - (A) I/we have obtained all the information and explanations which, to the best of my/our Knowledge and belief were necessary for the purpose of the audit.
 - (B) In my/our opinion, proper books of account have been kept by the institute so far as appears from my/ our examination of the books.
 - (C) In my/our opinion and to the best of my/our information and according to the explanations given to me/us, the said accounts, read with notes thereon, if any, give a true and fair view:
 - (i) in the case of the balance sheet, of the state of the affairs of the course as at 31st March;
and
 - (ii) in the case of the income and expenditure account of the surplus/deficit of the course for the year ended on that date.
5. The statement of particulars required to be furnished to NDCSSS relating to the course forwhich fees proposal is submitted annexed herewith as Form No. A-2.
6. In my/our opinion and to the best of my/our information and according to explanations given to me/us, the particulars given in the said Form No.A-2 are true and correct.

Place :

Date :

Name and Signature of the Chartered
Accountant
Name of the Firm
Registration No. of the Firm
Name of the Partner/Proprietor
Membership No.
UDIN
(Seal of the Firm)

FORM NO. A-2

Forming part of Audit Report under FORM No.A-1

1. Code of the Institution for which the fees proposal is submitted :
2. Name of the Institution
3. Correspondence Address of the Institution
4. Location address of the college where the course is carried on.
5. Academic year for which the fees proposal is submitted from.....to.....
6. Relevant Financial year.....
7. Break of the Annual Salary expenditure into:

Total Salary as per I&E Account	Rs.
Teaching Salary	
Arrears of Teaching Salary for earlier financial years	
Non-Teaching Salary	
Arrears of Non-Teaching Salary for earlier financial years	
Visiting and Guest Lecture remuneration	

8. Mode of Payment of Salary

Teaching Salary as mentioned above	Total Rs.
Paid by Bank Transfer during the year	
Paid by Account Payee cross cheque	
Paid in Cash	
Provision at the end of the Financial Year	

8.2

Non-Teaching Salary as mentioned above	Total Rs.
Paid by Bank Transfer during the year	
Paid by Account Payee cross cheque	
Paid in Cash	
Provision at the end of the Financial Year	

Date:

Name and Signature of the Chartered
Accountant
(Seal of the Firm)

8.3

Visiting and Guest lecture Salary as mentioned above	Total Rs.
Paid by Bank Transfer during the year	
Paid by Account Payee cross cheque	
Paid in Cash	
Provision at the end of the Financial Year	

9. Teaching staff and status of their approval from the University / Council as up to the end of the related Financial Year.

Total No. of Teaching staff of which salary reflected in the I&E Account for the related financial year	No.
Approved Teaching Staff	
Unapproved Teaching staff	

Total No. of Non-Teaching staff stream wise of which salary reflected in the I&E Account for the related financial year	No.

10. Computation of Depreciation as per Fees Regulating Authority norms:

Rate of Depreciation for the Financial Year 2022-23

Computer	25%
Books	15%
Plant & Machinery (Definition as per Income Tax Act, 1969)	15%
Furniture & fixtures (Definition as per Income Tax Act, 1969)	15%

Computation of Depreciation as per NDCSSS norms:

Opening Balance	Additions	Deletions / Sales	Depreciation for the Year	(Amounts of Rs.) Closing Balance (WDV)

Date :

Name and Signature of the Chartered
Accountant
(Seal of the Firm)

11. Capital expenditure and deferred revenue expenditure debited to Income and Expenditure Account

Expenditure head	Nature of Expenditure (mention details)	Amount Rs.

12. Breakup/details of the Affiliation Fees paid to the University / Council / Approving Authority/ Competent Authority

Amount of Affiliation fee as per I&E account	Rs.
Name of the University	
Name of the Council	
Name of the Approving Authority	
Name of the Competent Authority	
No. of Years for which the Affiliation fee paid	
Amount of Prepaid Affiliation fee i.e. fees paid for subsequent financial years	

13. Sanctioned Strength of the Students by the approving Authority. Please note that the information is required not of the actual no. of students who have taken admission but sanction strength (Please mention branch wise details within the course).

Name of the Course / Branch	Sanctioned no. of students for the Academic Year 2023-24	Additional permitted for Academic Year 2024-25	Sanctioned no. of students for Academic Year 2024-25

Verification and declaration by the Chartered Accountant

I _____ aged ___ years resident of _____, the proprietor/ Partner of _____ do hereby verify and declare that the information mentioned in Form A1 and A2 has been recorded on due verification of books of accounts and other records maintained by the institute. I declare that the information mentioned in Form No. A1 and A2 is true and correct.

Place :

Date :

Name and Signature of the Chartered Accountant
Name of the Firm
Registration No. of the Firm
Name of the Partner/ Proprietor
Membership No.
UDIN

(Seal of the Firm)

Verification and declaration by the Principal of the Institute

I _____ aged ___ years resident of _____, the Principal/Director of the _____ do hereby state and verify that the information recorded in Form No. A1 and A2 is true and correct to my knowledge, information and belief and same is supported by the record maintained by our institute/college.

Place:

Date:

Signature
Name of the Principal of Institute
(Seal of the Institute)

Verification and declaration by the President/Secretary of the trust running the Institute

I _____ aged ___ years resident of _____, the President/Secretary of _____ running the institute _____ do hereby state and verify that the information recorded in Form No. A1 and A2 is true and correct to my knowledge, information and belief and same is supported by the record maintained by our Institute as well as Trust.

Place:

Date:

Signature
Name of the President/Secretary of the trust
(Seal of the Trust)