Advertisement for Appointment of Auditors for Maharashtra State Price Monitoring and Resource Unit Society

The Maharashtra State Price Monitoring and Resource Unit Society is inviting estimates / quotations from Chartered Accountant firms for the appointment of Auditor for a period of 2025-26 years

Maharashtra State Price Monitoring and Resource Unit Society (MSPMRU) is a society registered under the Societies Registration Act, 1860. The objectives of the society are as follows.

a) Ensuring the availability of medicines throughout the state at the notified prices.
b) Monitoring and intervening in the prices of formulations including medical devices.
c) Monitoring and intervening the price movement of scheduled and non-scheduled formulations including medical devices.
d) Collection and compilation of market based data of scheduled as well as non-scheduled formulations including medical devices and analyze them.
e) Collecting test samples of medicines at the retail market whenever required.
f) Conducting training, seminars and workshops and taking other measures at the State, District, City/ town levels for generating consumer awareness and publicity.
g) Any other related works as assigned by the NPPA from time to time.

The society receives funds/ grants from Central Government under the CAPPM Scheme. The grants received from Central Government are onetime non-recurring grants of Rs. 7 Lakh and recurring grants Rs. 55 Lakhs per annum. Under the said grants there are 3 components namely salary of MSPMRU staff, Market based data collection by purchase of samples, advertisement, routine expenditure on maintenance of office and conducting training / seminars and Workshop at State and District level for consumer awareness.

The society has to submit annual statement of accounts with balance sheet to National Pharmaceutical Pricing Authority. Hence to manage the accounts and related matters, the society is inviting estimates from auditors for the following scope of work

1. Preparation of annual statement of accounts with balance sheet and certifying the same.
2. Annual review of accounts maintained by the society.

3. Preparing audit report according to Maharashtra Societies Registration Rules, 1971 or any other applicable Rules.
4. Preparation and certification of utilization certificate in respect of grants received from NPPA.
5. Preparation of statement of expenditure with details of cumulative expenditure
6. Handling GST, PT, IT & TDS matters for the society.
7. Annual review of register of the Assets of the society.
8. Submission of Report to Charity Commissioner.
9. Any other incidental financial related work of the society.

The CA firm providing estimates / quotations should fulfill the following requirement Criteria.
1. Auditor should be from Institute of Chartered Accountant & CAG Authority.
2. CA firm should have office in MCGM area.
3. CA firm should have at least one partner having Government Accountancy Certificate from ICAI. Preference will be given for CA firms having Experience in auditing Government Dept./ Authorities / Agencies for 5-10 years.

Documents to be submitted

1. The estimate must be enclosed in prescribed proforma and signed by Partner/Proprietor/Director. – Anx A.
2. Firm Constitution certificate.
3. Details of partner having Government Accountancy Certificate from ICAI.
4. Pan of Firm.
5. GST Certificate
6. Evidence in support of work experience for at least 5-10 years.
7. Financial estimate per annum including GST & Services charges if any.
8. Declaration that the firm has not been black listed by any Govt. agency as per annexure B

Contract period shall be for one years, could be extended for one more year.

Hence it is requested to submit estimates/quotations to the office of Maharashtra State Price Monitoring and Resource Unit Society, Food and Drug Administration, Maharashtra State, S.No.341, Bandra-Kurla complex, Opp. RBI, Bandra -East, Mumbai-400 051 on or by 24.02.2026 in sealed envelope.

Yours,

SD/-
V. T. Jadhav,
Member Secretary MSPMRU

[On the letterhead of firm]
ANNEXURE "A"
ESTIMATE

To,
The Secretary, Maharashtra State Price Monitoring
and Resource Unit Society,
Office of Commissioner,
Maharashtra State,
S.No.341, Bandra-Kurla complex,
Opp. RBI, Bandra -East,
Mumbai-400 051

Dear Sir,

1. I/We …..... Submitted the **"Estimate for appointment as auditor of MSPMRU Society**".

2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.

3. I/We hereby offer our service at the following rates.

S. No.	Particular	Price/Unit Exclusive of GST (INR)	Other Taxes	Price/ Unit Inclusive of GST (INR)
1.	Estimated Charges			

Date_____ **(Name)**_____

Place _____ **Name of Firm/Company/Agency**_____

GSTIN No.: _____

Email:_____

(Signature of Authorized Person) _____

Seal:_____

ANNEXURE "B"

DECLARATION REGARDING DISCIPLINARY ACTION / BLACKLISTING / DEBARRING

I/ We .....(Firm/Agency) hereby declare that no disciplinary action has been initiated or contemplated/ suspension of business against the firm by ICAI or any other Statutory Authority during the last three years.
I/We .....(Firm/Agency) hereby declare that none of the partners/ employees have been convicted of any offence involving moral turpitude or has been found guilty of any economic offence.
I/We .....(Firm/Agency) hereby declare that no appeal/ unresolved dispute/ suit/case/ application has been pending at any court in India regarding the existence of business/right to carry on practice.

In case the above information found false, I/ We are fully aware that the contract will be rejected / cancelled by MSPMRU Society.

Signature of the Authorized Persons.....

Name & Seal of the Company

Date:

Place:

Declaration

(to be furnished in the letter head of the firm / company) We hereby declare that the information submitted above is complete in all respect and true to the best of our knowledge. We understand that in case any discrepancy or inconsistency or incompleteness is found in the information submitted by us, our application is liable to be rejected.

Signature of the Authorized Persons.....

Name & Seal of the Company

Date:

Place: