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**From**

**Internal Audit Section**

**University of Calcutta**

**To**

**The Course Co-Ordinator**

**Self Financing Course**

**…………………………….. Department**

**University of Calcutta**

**Madam / Sir,**

**Please fill-up this ‘Audit Query’ form and submit this duly filled in form to the office of the Internal Auditor on or before 4th.May 2018. For further details please refer the Instructions given in the page no. 3**

1. Name of the Course: ………………………………………………...…………………………………….……………
2. Name of the Department :………………………………………………….…….…...…………….…………………..
3. Name of the Course Co-Ordinator :……...…….……………………………….……..………………………….…….
4. Name of the members of the Departmental Committee associated with the Course/Members of the Advisory Committee:

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1. Name of the Guest academic members associated with the Course:

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1. Course Commencedfrom : ………………………………………………………………………………………………
2. C.S.R. No. : ………………………………………………………………………. Date : …………………………...
3. No. of intake at the commencement of the course: …………………………………………………………………….
4. No. of Intake at present : ……………………………………………………………………………………………….

[Please provide copy of approval of the present no. of intake from the CU authority]

1. Initial Funding (Seed Money) : ………………………………………………………………………………………...
2. Whether Seed money received from the University : (Yes/No)……………………………………………………….
3. If “Yes” please mention the Amount : …………………………………………………………………………………
4. Whether Seed money refunded (Yes/No) : …………………………………………………………………………….
5. If “Yes” mode of refund with date : ………………………………………………………………………...………….



1. Whether any Bank Account opened (Yes/No) : ………………………………………………………………………..
2. If “Yes” whether approval from appropriate authority has been taken? (Yes/No) ………………………
3. Account No./Name of the Bank & Branch ……………………………………………………………………………
4. Authorisedsignatories: …………………….………………………………………………………………………….
5. Mode of operation of the Bank Account : …………………………………………………………………………….
6. Whether Yearly budget is prepared (Yes/No) : ………………………………………………………………………...
7. If “Yes” whether approval from appropriate authority is taken? (Yes/No) ……………………………………………
8. Whether expenditure related financial concurrence are taken (Yes/No) : ……………………………………………
9. Whether fee structure and other charges payable by the students are approved by the C.U. Authority (Yes/No) : ….

 …………………………………………………………………………………………………………………………

1. Please state in details about the present fee structure and other charges : …………………………………………….

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1. Whether any asset(s) has been purchased during the present financial year (Yes/No) : ………………………………
2. If “Yes” please provide the details : ……………………………………………………………………………………

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1. Whether Assets are purchased following C.U.-Tender rules (Yes/No) : ………………………………………………
2. If “No” state reasons thereof : ………………………………………………………………………………………….
3. Whether Asset Register is maintained (Yes/No) : …………………………………….……………………………….
4. If “Yes” then please state whether up-dated or not : …………………………………………………………………..
5. If “No” state reasons thereof : ………………………………………………………………………………………….
6. Whether Contingency expenditure are properly recorded in expenditure register (Yes/No) : ………………………...
7. If “No” ” state reasons thereof : …………………………………………………….………………………………….
8. Whether Stock Register is maintained (Yes/No) : ……………………………………………………………………..
9. If “Yes” then please state whether up-dated or not : …………………………………………………………………..
10. If “No” ” state reasons thereof : …………………………………………………….………………………………….



1. Whether Receipt Vouchers and Payment Vouchers are properly kept (Yes/No): …………………………………..
2. Whether 30% Share of the University is being paid (Yes/No) : ……………………………………………………….
3. If “ Yes” please produce all necessary documents : ……………………………………………………………………
4. If “No” please sate reasons thereof : …………………………………………………………………………………..
5. Please provide the attested Photocopies of all the year-wise Audit Reports prepared by the Chartered Farm since the inception of the course.
6. i) Please provide a list showing the remuneration paid to the faculty members (including Guest faculties) attached with the course.

ii) Whether remuneration amount has been approved by the University Authority.

iii) Mode of payment of remuneration -- Cash / Cheque / ECS

1. Whether Office Assistant(s) and other supporting staff are engaged for the course (Yes/No) :………………………..
2. If “Yes” provide list(s) thereof mentioning the remuneration paid to such staff(s).
3. State whether financial approval has been taken from the authority in this regard (Yes/No) …………………………
4. If ‘Yes’ , please provide copies of such approval.
5. Mode of payment of remuneration -- Cash / Cheque / ECS
6. i) Whether the course Co-ordinator receives any honorarium for the services rendered?

ii) If yes, please state the amount of the honorarium received.

iii) Please state whether the amount of the honorarium stated above has been approved by the C.U. authority.

iv) If yes, please provide a copy thereof.

1. V) If yes , Mode of payment of honorarium -- Cash / Cheque / ECS

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(Signature & Seal of the Course Co-Ordinator)

***INSTRUCTION***

* Kindly note that to prepare Internal Audit Report for the financial year 2017-2018, the above mentioned information are very important and your kind co-operation is solicited for this purpose**.A soft copy should be submitted along with this hard copy (compulsory).**Official Email-ID of Internal Audit Section is **cu.aa.ia.2016@gmail.com****.**
* Please furnish the above information within 4thMay, 2018 to the Internal Audit Section, College Street Campus, C.U.
* If situation demands, the staff member of Internal Audit Section may visit the concerned department for physical verification and further query.