

**From:**

**Internal Audit Section**

**University of Calcutta**

**To:**

**The Head of the Department**

**………………………………………………………………………………………………………………………………….**

The under mentioned information are required to prepare the Internal Audit Report for the Financial Year 2017-2018 (i.e. 1st April, 2017 to 31st March, 2018).

1. Name of the Department: ………………………………………………………………………….………………….
2. No. of Teaching Staff: ……………………………………………………...……………….………………………..

1. No. of Non-Teaching Staff: …………………………………...…………………………………..………………….
2. Service Book up-dated: ……….………..………(Yes/No) (If ‘No’ then please state the reasons thereof).
3. Name of the staff(s): ……………………………….………………………………………………………………………

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1. Service Book Complete/Incomplete:…………………………………………………………………

1. Leave statement up to date or not:……………………………...…………………………………….
2. (i) Whether any Asset/Equipment were purchased or received during 2017-2018: …...………..….……(Yes/No)

(ii) If ‘Yes’ then please mention the name of the funding agency & details.

1. (i) Whether any Asset/Equipment were disposed off during 2017-2018: ………………………(Yes/No)

(ii) If ‘Yes’ then please provide necessary details.

1. (i) Whether Asset Register is maintained: ……..………..(Yes/No) (If ‘Yes’ then please state whether up-dated or not).

(ii) Whether the Asset Register is as per the C.U. approved pro-forma: ……………………..(Yes/No)

1. Whether Stock Register is maintained: ………...................(Yes/No) (If ‘Yes’ then please state whether up-dated or not).
2. Any Special Grant received from U.G.C. or any other financial assistance(s): …………….…..(Yes/No) (If ‘Yes’ then please provide us in details).

Cont……

1. Whether Contingency Expenditure Register is maintained: ……..….(Yes/No) (If ‘No’ then please state reasons thereof).
2. Whether Bill Register is maintained: …………..…………….….(Yes/No) (If ‘No’ then what is your observation).
3. (i) Self – Financing Course (s) (if any) running within the department: ………….............(Yes/No).

(ii) If ‘Yes’ then please provide necessary details:

1. C.S.R. No. : …………………………………………… Date………………………………………..
2. Name of the Coordinator: ….………………….……………………...……………………………………….…
3. Bank Accounts details: ……………………….…………………..……………………………………………...

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1. Deposition of University contribution/Share: …………………………………..…...…………………………...

(If necessary, separate sheet may be attach)

1. (i) Whether the department generate own resource: ……………………………… (Yes/No)

(ii) If ‘Yes’ please provide necessary details.

1. Advance taken: ………………………(.Yes/No)

If ‘Yes’ (If necessary, separate sheet may be attach)

* 1. Budget Head/Other Funding Agency/U.G.C. : …………………….……………………………...…….
  2. Name of the person concern:..…………………………………………………………………………..
  3. Amount: ...………….…..……………Voucher No. : ……….….…………Date: …….……………….
  4. Whether it is adjusted ……………..(Yes/No)

If Yes, Voucher No. : ….….…..…..… Date: ……….…..…….. Date of Adjustment…….……………

If No;

* 1. Whether Statement of Accounts has been submitted to the adjustment section:……… .……(Yes/No)

If ‘Yes’ Voucher No. : ….….……..… Date: ……….…..……….. Date of Submission: …....................….

1. Whether Gate-Pass Book/Register is maintained: Yes/No…………………....……

.................................................................................................................... Date:……..……………….….

(Signature & Seal of the Head of the Department)

* 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**](mailto:cu.aa.ia.2016@gmail.com)**.**
* Please furnish the above information within 27th April, 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.