**From**

**Internal Audit Section**

**University of Calcutta**



**To**

**The Head of the Department**

**………………………………………………………………………………….**

The under mention information are require to prepare the Internal Audit Report for the Financial Year 2016-2017 (i.e. 1st April, 2016 to 31st March, 2017).

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 2016-2017: …...………..….……(Yes/No)

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

1. (i) Whether any Asset/Equipment were disposed during 2016-2017: ………………………(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 2016-2017 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).**
* Please furnish the above information within 30th April, 2017 to the Internal Audit Section College Street Campus, C.U.
* Additional information (if any) or any financial or non financial transaction / event occur(s) after the submission of this format, relevant to financial year 2016-2017 must be accepted by the Internal Audit Section with in 31st May, 2017.