



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 2018-2019 (i.e. 1st April, 2018 to 31st March, 2019).

1. Name of the Department:
2. No. of Teaching Staff:
3. No. of Non-Teaching Staff:
4. Service Book up-dated:(Yes/No) (If 'No' then please state the reasons thereof).
- (a) Name of the staff(s):
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.....
.....
.....
- (b) Service Book Complete/Incomplete:.....
- (c) Leave statement up to date or not:.....
5. (i) Whether any Asset/Equipment were purchased or received during 2018-2019:(Yes/No)
(ii) If 'Yes' then please mention the name of the funding agency & details.
6. (i) Whether any Asset/Equipment were disposed off during 2018-2019:(Yes/No)
(ii) If 'Yes' then please provide necessary details.
7. (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)
8. Whether Stock Register is maintained:(Yes/No) (If 'Yes' then please state whether up-dated or not).
9. Any Special Grant received from U.G.C. or any other financial assistance(s):(Yes/No) (If 'Yes' then please provide us in details).
10. Whether Contingency Expenditure Register is maintained:(Yes/No) (If 'No' then please state reasons thereof).

11. Whether Bill Register is maintained:(Yes/No) (If 'No' then what is your observation).

12. (i) Self – Financing Course(s) (if any) running within the department:(Yes/No).

(ii) If 'Yes' then please provide necessary details:

(a) C.S.R. No. : Date.....

(b) Name of the Coordinator:

(c) Bank Accounts details:

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(d) Deposition of University contribution/Share:

(If necessary, separate sheet may be attach)

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

(ii) If 'Yes' please provide necessary details.

14. Advance taken:.....(.Yes/No)

If 'Yes' (If necessary, separate sheet may be attach)

a. Budget Head/Other Funding Agency/U.G.C. :

b. Name of the person concern:.....

c. Amount: Voucher No. : Date:

d. Whether it is adjusted(Yes/No)

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

If No;

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

If 'Yes' Voucher No. : Date: Date of Submission:

15. 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 2018-2019, 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 30th April, 2019 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.