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**From**

**Internal Audit Section**

**University of Calcutta**

**To**

**The Superintendent / Assistant Superintendent/ In-charge/Matron**

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

1. Name of the Hall/ Hostel: ……………………………………………………………………………….……………
2. Address: ……………..………………………………………………………….…...…………….…………………..
3. i) Rented / University owned property……….……………………………….……..………………………….…….

ii) Ladies Hostel/Men’s Hostel: ……………………………………………………………………..…………………

iii) Under Graduate / Post Graduate / Both: ………………………………….………………………………..………

 iv)Number of approved seats at your Hostel: …………………………………………………………………………

 v) Total No. of boardersin your Hostel at present:. ……………………………………..……………………………

 vi) Room wise allotment of seats : ………………………………………………………………………..…………..

 (Please provide a separate list of the same duly signed and stamped)

1. Name of Hostel Superintendent / Assistant Superintendent (with EmployeeCode):…………………………..……

……………………………………………………..……………………………………………………………….

i) Resident / Non Resident:………………………………………………………………………………………….

1. No. of Permanent staff (with designation) :.……………………………………………………………………….
2. i) No. of staff working under outsourcing agency (s):………………………………………………………..….……

ii) Name of the outsourcing agency(s):……………………………………………………………………………..…

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

iii) Designation of those staff:…………………………………………………………………………………………

 iv) Please provide photocopies of Aadhar Card/Voter Card (self attested) of all the staffs engaged on out-sourced

 basis

1. i) Whether the service of the outsourcing agency is satisfactory or not:………………………….….………………..

 ii) If ‘No’ then what official action has been taken. (Please attach the supportive official complain letter in this regard)

 iii) What action C.U. Authority has taken after receiving your complain letter.

1. Service Book up-date(for C.U. staff): ………….. (Yes/No) (If ‘No’ please state the reasons thereof).

 ………..……………………………………………….………………………….………………………………

 ……………………..……………………………….………………………………………………….…………

…………………………………………………………………………………………………………………….

(a) Leave statement up to date or not: ……….…………………………………………………….……………

1. Whether any Asset/Equipment were purchased or received during 2017-2018: …...…………..(Yes/No)

If ‘Yes’ then please mention the assets and also state thesource of funds and other details

……………………………………………………………………………………..…………………….…..……

 …………………………………………………………………………………………………………………….

1. Room wise distribution of Ceiling Fans ………………………………………………………………………… (Please provide a separated list of the same)
2. Please provide the information about assets of your Hostel: **(Please see “Annexure A”)**
3. Whether any Asset/Equipment were disposed during 2017-2018 : ……………………..………………(Yes/No)

If ‘Yes’ then please provide necessary details:…………………………………….…………………………………

1. Whether Asset Register as per C.U. approved pro-forma is maintained:…………….(Yes/No)(If ‘Yes’ then please

 statewhether up-dated or not)…………………………………………………...………… ………………………….

1. Whether Stock Register is maintained: ………..............................................................................................(Yes/No)

(If ‘Yes’ then please statewhether up-dated or not)……………………………………………………………………

1. Whether Contingency Expenditure Register is maintained:………………………….……..... ………(Yes/No)

(If ‘No’ then please state reasons thereof)…………………………………………………………………………

1. Whether Bill Register is maintained:.…………..…………………………………………………..….….(Yes/No)

 (If ‘No’ then what is your observation)…………………………………………………………………………

1. Advance:If taken then mention Budget Head/Any Funding Agency/U.G.C. : ……………………………...…….

(a) Name of the person concern: ………………………..…………….………………………………………………

(b) If taken then amount: ...……………………Voucher No. : ………………….…………Date: ………….………

(c) Whether it is adjusted or not: ………………Voucher No. : ………………….……..… Date: ……………..……

(d) Whether it is submitted to the adjustment section or not: ……………….…Date of Submission: ….…................

(If necessary, separate sheet may be attach)

1. Whether Gate-Pass Book/Register is maintained:………………….. (Yes/No)
2. (i) State weather Allocation Certificates issued by the office of the Board of Residence, C.U. are filed properly date

wise and session wise……………………………….. (Yes/No)

 (ii) if “No” state reason there of : ………………………………………………………………………………………

1. (i) State whether Stock purchased out of Contingency/Repair Maintenance Budget Heads are properly entered in

 Stock Book (as and where applicable) and updated regularly ……………………… (Yes/No)

(ii) If “No”,state reasons thereof : …………………………………………………………………………………….

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

1. If there is any Attendance Registrar of the boarders: ………………………………………………………(Yes/No)

If ‘Yes’, how it is maintained:………………..………………………………………….……………………………

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

1. How does entry and exit of the boarders to the hotel is recorded:……………………………………………………

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

1. How the visitors of the Hostels are monitored: ………………………………………………………………………

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

1. Fire fighting equipments are adequate: …………………………………………………………………….(Yes/No)

If ‘No’ then state your opinion how to improve it:…………………………………………………………………….

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

1. Are you satisfied about the Civil & Electrical work which were undertaken happened during the financial year

2017-18………………….…(Yes/No)

 If ‘No’, Then please provide us the reason:………………………………………….…………………………………

1. Is there any scope of the boarders to express their any type of grievances:……………………………..…(Yes/No)
2. Do you think that for security purpose installation of CCTV is necessary:…………………….………… (Yes/No)
3. What is your opinion regarding your hostel: ...…………………………………………………………………….

…….………………………………………………………………… ………………………………………………..

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

………………………………………………………………………………………………………………………….

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

(Signature & Seal of the Head of the Department)

* Kindly note that to prepare Internal Audit Report for the financial year 2017-2018the above mentioned information are very important and your kind co-operation is solicited for this purpose.
* Please furnish the above information within 27th April, 2018 to the Internal Audit Section College Street Campus, C.U.
* Internal Audit Section will visit the Hall/Hostel (s) after receiving this duly filled in “Internal Audit Query” form along with required annexure and relevant documents.

**Annexure - A**

1. **Please provide the information about the following assets of your Hostel as on 31.03.2018 duly signed and stamped:**

|  |  |
| --- | --- |
| **Name of the Assets** | **Quantity** |
| **Wooden Cots** |  |
| **Iron Cots** |  |
| **Desk cum Wooden Table** |  |
| **Table Wooden/Iron** |  |
| **PVC Chair** |  |
| **Wooden Chair** |  |
| **Geysers** |  |
| **Aqua guard Water purifier** |  |
| **Water Cooler cum Purifier** |  |
| **Ceiling Fans** |  |
| **Pedestal/ Table fans** |  |
| **Tube light fittings** |  |
| **Pump- Motor** |  |
| **Deep Freezer** |  |
| **Any other assets not mentioned** **…………………………………..…………………...……………………** |  |

**Date :**

 **…. …..……………………………………………………..**

 **Signature of Superintendent/Assistant Superintendent/**

 **In-Charge/ Matron with Stamp**