

2023



Rubaru Professionals LLP https://rubaruprofessionals.com/

To,

Mr. Bhatnagar Accounts Head Omkamal Techno Systems Ecotech-III, Greater Noida, Guatam Budha Nagar Uttar Pradesh

Dear Sir,

Sub: INTERNAL AUDIT QUESTIONNAIRE.

Thank you very much to provide an opportunity to render Independent professional services to conduct a comprehensive Internal Audit and Verification in your esteemed establishment.

In view of the evaluation of the business structure, legal framework, Accounting and internal control systems and policies of the establishments, and confine of the scope of audit work, we request to fill out the questionnaire and provide the following desired documents:

| Period for which audit to be conducted | Commencement date | Completion Date |
|--|-------------------|-----------------|
| | | |

| Questions | Details | Remarks/reasons, if any |
|--|---|---|
| Business Structure: | | |
| Name and address of establishments to whom audit is proposed to be conducted | | Please provide the Registration Certificate with MOA/AOA/Deed/ Bylaws etc |
| Nature of the work being carried on by the establishment (Principal Activity) | | |
| No. of Directors/ Partners as on date | | Provide the register of directors or partners |
| No. of shareholders or Members, if any | | Please provide the register of members or shareholders |
| Name of subsidiaries, holding, associated and connected entities or managed and control by same owners | | Please provide the list of relatives and associated entities along with transaction therewith |
| | Business Structure: Name and address of establishments to whom audit is proposed to be conducted Nature of the work being carried on by the establishment (Principal Activity) No. of Directors/ Partners as on date No. of shareholders or Members, if any Name of subsidiaries, holding, associated and connected entities or managed and control by | Business Structure: Name and address of establishments to whom audit is proposed to be conducted Nature of the work being carried on by the establishment (Principal Activity) No. of Directors/ Partners as on date No. of shareholders or Members, if any Name of subsidiaries, holding, associated and connected entities or managed and control by |

| a) | Are you registered under the Goods and Service Tax Act, 2017 | Please provide the GST Registration Certificate |
|----|---|--|
| b) | Are you registered under the Factories Act, 1948 | If yes, please provide a copy of Factory License |
| c) | Are you registered under the Shop and Establishment Act of the concerned state? | If yes, please provide a copy of the Certificate |
| d) | Are you registered with Director General Foreign Trade of India (DGFT) getting IEC and any Export incentive schemes under the Customs Act, 1961 | If yes, please provide a copy of the Certificate/License |
| e) | Are you registered under the Micro small and medium Enterprises under the Act getting Udyog Aadhar Number | If yes, please provide a copy of the Certificate |
| f) | Are you registered under the Contract Labour Regulation and Prohibition Act, of 1973 | If yes, please provide a copy of the Certificate |
| g) | Are you registered under the Apprentice Act, of 1961, if any | If yes, please provide a copy of the Certificate |
| h) | Are you registered under the Employees Provident Fund and Miscellaneous Provisions Act, 1952 | If yes, please provide a copy of the Certificate |
| i) | Are you Registered under the Employee State Insurance Act, 1948 | If yes, please provide a copy of the Certificate |
| j) | Whether we have registered Trade Mark of any product. | If yes, please provide a copy of the Certificate |
| k) | Whether we have registered Copy right in the name of product or establishment | If yes, please provide a copy of the Certificate |
| 1) | Whether we have registered Design in the name of product or establishment | If yes, please provide a copy of the Certificate |
| m) | Whether we have registered Patent in the name of product or establishment | If yes, please provide a copy of the Certificate |
| 3 | Manpower being employed or engaged in the es | stablishment: |
| a) | Number of Max. Own staff/Direct Workers employed by the establishment (<i>Please mention male and female separately</i>) | Please provide the 1) salary sheet 2) Employment agreements. 3) Appointment Letters |
| b) | Number of Max. Indirect workers / Contractual employed by the establishment (Please mention male and female separately) | Please provide the salary sheet. |

| | | | | | 1) Copy of Cont agreements. 2) Order. | | | |
|------|---|--------------------|---------------|----------------------|--|-----------------------|-------------------|---|
| c) | Name of Contractor | Max. No of workers | Valid | Validity of contract | | | Nature of work | |
| i) | | | | | | | | |
| ii) | | | | | | | | |
| iii) | | | | | | | | |
| 4 | Apprentices/trainees being enga | | | ment | | | | |
| | Number of Apprentices/trainees hi under the Apprentice Act, of 1961, | | | | 1) Copy of Contragreements. 2) I Order. 3) Apprendicense | | | Purchase |
| | Name of Apprenticeship Provider | | | No of entice | | Valid: of contr | Ü | Nature of work |
| | | | | | | | | |
| | | | | | | | | |
| 5 | Annual Turnover / Services of the | ne establishme | ent (As | per aud | lite | d finar | ıcia | ls) |
| | Financial year | | Amou | ınt | | | a c | ase provide opy of the dited ancials |
| | 2020-21 | Domestic | | | | | | |
| | | Export | | | | | | |
| | 2021-22 | Domestic | | | | | | |
| | | Export | | | | | | |
| | 2022-23 | Domestic | | | | | | |
| | | Export | | | | | | |
| | Key Customers to whom the esta three years: (Please provide separate s | | | _ | | / serv | rice: | s in last |
| | Name of customer | Period | Value supp | | Do | ocumer | nts | |
| | | | | | | | | |

| a) | | | | | Provide the Ag supply, purchalledgers. | | |
|----|--|-----------------------|----------------------|---------------------------------------|--|-----------------------|--|
| b) | | | | | | | |
| c) | | | | | | | |
| d) | | | | | | | |
| e) | | | | | | | |
| f) | | | | | | | |
| g) | | | | | | | |
| 5 | provide separate sh | eet, if vendors or si | upplier are in large | ablishment in las | | s: (Please | |
| 6 | Name of Vendors Providers | s/Service | Period | supply | Documents | | |
| a) | | | | | Provide the Ag supply, purchaledgers. | | |
| b) | | | | | Provide the Ag supply, purchaledgers. | | |
| c) | | | | | Provide the Agreement for supply, purchase order, and ledgers. | | |
| d) | | | | | Provide the Agreement for supply, purchase order, and ledgers. | | |
| e) | | | | | Provide the Ag supply, purche ledgers. | | |
| f) | | | | | Provide the Ag supply, purchaledgers. | | |
| g) | | | | | Provide the Agreement for supply, purchase order, and ledgers. | | |
| 6 | Fixed assets be etc) Please provide s | | | blishment: (Provid in numbers | e register of fixed | l assets, ledger | |
| | Name of Fixed Assets | Location | Value | Date of use | Total life | Estimated expiry time | |
| a) | | | | | | | |

| b) | | | | | | |
|----|--|---|--|--------------------------------------|--------------------------------------|--|
| c) | | | | | | |
| d) | | | | | | |
| e) | | | | | | |
| f) | | | | | | |
| g) | | | | | | |
| 7 | | loan, cash credit oan agreements, charg | | | to the establis | hment: |
| | Name of lender | Loan Amount | Assets being mortgaged/ hypothecated | Rate of Interest | Term of loan | Outstanding as on date |
| | | | | | | |
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| | | | | | | |
| 8 | Inventory or ste bankers or financial | ock in trade: (Prou Institution) | ide stock register o | r statement submit | ted with various a | uthorities or |
| | Name of Item | Category of Finished goods (Raw/WOP/FG) | Average value of Inventory on any day | Opening stock as on 01/04/2022 | Closing stock as on 31/03/2023 | Condition as on date (Good/ average/scr ap |
| | | | | | | |
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| | | | | | | |
| 9 | Status of filing | of returns and st | atements with | Regulators | | |

| | Name of Return | Act / Statute | Due date | Filing Status | Pending Scrutiny, | Demand, if any raised |
|----|-------------------------------|---------------|----------|------------------|-------------------------|-------------------------|
| | | | | | Assessment or Inquiries | but not paid- reason |
| | | | | | or Inspection, | |
| | | | | | if any | |
| a) | ITR | | | | | |
| b) | ROC return | | | | | |
| c) | GST returns | | | | | |
| d) | TDS Return | | | | | |
| e) | DGFT license | | | | | |
| Ð | redemption EPF return | | | | | |
| f) | EFF TetuIII | | | | | |
| g) | ESIC return | | | | | |
| h) | RBI return | | | | | |
| i) | Banks/financia 1 Institutions | | | | | |
| j) | Labour Laws: | | | | | |
| k) | Payment of | | | | | |
| | Bonus Act, 1965 | | | | | |
| 1) | The Factories Act, 1948 | | | | | |
| m) | The CLRA Act, 1973 | | | | | |
| n) | The minimum | | | | | |
| | Wages Act, 1948 | | | | | |
| o) | The Payment of | | | | | |
| | wages Act, 1936 | | | | | |
| p) | The sexual | | | | | |
| | harassment as | | | | | |
| a) | work Place Act The maternity | | | | | |
| q) | leave Act | | | | | |
| r) | The equal | | | | | |
| | remuneration | | | | | |
| | Act | | | | | |

| 10) | POLICIES, CONTROLS AND PROVISIONS: | |
|-----|---|---|
| a) | Whether establishment have organisational chart that clearly defines the line of authority and responsibility? | If yes, please provide the copy, duly approved by Mgt |
| b) | Whether organisation have up to date accounting policies and procedural manual? | If yes, please provide the copy, duly approved by Mgt |
| c) | Whether we have Internal control Policy to the establishment? | |
| d) | Whether we have any Risk Management Policy to the establishment? | If yes, please provide the copy, duly approved by Mgt |
| e) | Whether we have Insurance policy, particularly related to insurance of fixed assets, stock, vehicles and buildings etc? | |
| f) | Whether the establishment have in Information technology system related policy? | |
| | Whether you have current HR Policy duly approved and implemented? | |
| g) | Whether you have current Standing Orders duly approved and implemented | |
| | Whether the establishment have any travel and convence policy to the its staff, employees etc? | |
| h) | Whether you Have Overtime Policy duly approved and implemented. | |
| i) | Whether you Have Leave policy and its encashment duly approved and implemented | |
| j) | Whether you have attendance Policy duly approved and implemented | |
| k) | Whether you have declared Holidays to the staff and workers? | |
| 1) | Whether you prohibited child labour in the premises | |
| m) | Whether you have maternity Leave policy, if applicable | |

| n) | Whether you have Policy under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 | |
|----|--|--|
| o) | Whether we have provisions relating to the Payment of Gratuity to the workers and staff | |
| p) | Whether we have provisions relating to the Payment of superannuation funds to the workers and staff | |
| | GENERAL POINTS | |
| | Whether Audit is First Audit, Re-Audit or Periodical Audit | |
| | Name of statutory auditor to the establishment | |
| | Is there any Investors to the establishment holding key interest therein. | |
| | Status of land of establishment, factory and plant and legal relation therewith: 1) owned, 2) leased, 3) allotted by Development authority 4) Gram Panchayat 5) waqf/trust 6) donated or gifted 7) Government or local authority 8) others | Please provide the related document proving the relationship |
| | Status of Building of the establishment and legal relation therewith: 1) owned-buy, 2) Owned-self constructed 3) leased, 3) Constructed by Government 4) waqf/trust 5) donated or gifted 6) Government or local authority etc | Please provide the related document proving the relationship |
| | Details of any suit, prosecution or court proceedings against the establishment or its directors or partners, if any | |
| | Details of any inspection, scrutiny, assessment being carried on and issuance of demand, penalty, fine if any imposed by the government authority and regulators. | |
| | Details of customers or account receivables, whose payment are outstanding more than two years, with reason of difference if any | |
| | Details of vendors or account payables, whose payment are outstanding more than two years, with reason of difference if any | |
| | | |

| Details of lenders, banks or financial Institutions, whose EMI or settlement is pending, with reason of difference if any | |
|--|--|
| Details of Investors, joint ventures, Partner, Shareholders, to whom any settlement is pending, with reason of difference if any | |