

### **APPENDIX – III**

Appendix-III to Circular No 2/2010 of the Director of Co-operative Audit  
(Revised form of Appendix –IV to the Circular 11/85 of the registrar of Co-operative Societies)

Resolution No.....Date.....

Resolved to apply to the Government/ Director of Co-operative Audit, Thiruvananthapuram, through the Joint Director of Co-operative Audit to place at the disposal of the ..... Ltd.No .....the full/portion of service of a ..... / Concurrent Auditor for a period of ..... from ..... to ...../ the date of assumption of charge, for audit of accounts of the Bank/Society subject to the conditions that the Bank/Society will pay to the Government the full/proportionate cost of the officer as contemplated in Rule 156 Part I KSR.

The Bank/Society agrees to pay the cost covered by medical, educational and other concessions admissible to the officer in accordance with the orders from time to time and also to remit, the cost in advance as required by the Government.

Sd/-  
Secretary

Sd/-  
President.

Sd/-  
Director

Sd/-  
Director

Note:-

1. To be submitted in triplicate in official letter head of the bank/society affixing office stamp
2. To be signed by the President and at least 2 Directors
3. To be verified with the minutes book by the Department Auditor/Unit Inspector

**APPENDIX –IV**  
**AUDIT COST CERTIFICATE**

(Appendix-IV to Circular No.2/2010 of the Director of Co-operative Audit)

Certificated that the cost in respect of the post of Joint Director / Deputy Director / Assistant Director / Senior/Junior Auditor / Concurrent Auditor in the ..... Bank / Society/ Group, sanctioned / Proposed as per Proceedings No / Letter No. .... Dated ..... of the ....., has been remitted in advance for a period of 6 months from ..... to ..... Vide particulars stated below and copy of chalan receipt(s) attached.

#	Name of Remitter Co-operative Institution(s)	Period of Cost Amount	Chalan No (Copy to be attached)	Date	Amount of KSR Cost	Amount of LS & PC
	Add amount of cost adjusted as per DCB Register					
	Total					

Signature & Office Stamp

**Joint Director of Co-operative Audit**

Place : .....

Date : .....