

ANNEXURE – I

PHOTOGRAPH

Application for Empanelment of three CISA qualified professionals for conducting IS Audits on contract basis

SI No	Particulars	
1.	Name of the Applicant	
2.	Date of Birth	
3.	Age as on the date of application	
4.	Place of Domicile	
5.	Address and Contact details of the Applicant (Presently Domiciled at) (a) Land Line with STD code (b) Mobile number separately)	
6.	Permanent Address	
7.	Email ID	
8.	Educational Qualifications with year of passing and validity of certification Graduation: CISA: Additional qualifications (OSCP, CEH, etc.):	
9.	Number of years of experience in Information Systems/ Security Audit.	
10.	Have you conducted Information Systems Audits/ IT infrastructure audits/ DC, DRS, Network Audits/ Software application audits/ IS audits of outsourced vendors/ etc., for a Bank on a large scale? If yes, please give details of the same including the	

	details of services and the scope along with proof.		
11.	Have you conducted Information Systems Audits for cyber security, Internet Banking, Mobile Banking for any Bank in India? If yes, please give details of the same including the complete details of services and the scope along with proof. Audits, if any carried out abroad may be specified separately.		
12.	Specify the tools used if any for conducting the IS audits so far. If yes, specify whether you are certified for use of the tools used for audit.		
13.	Is there any case pending with CBI/ other Law Enforcement Agencies, if so furnish details		
14.	Furnish details of assignments in other Organisations/ Institutions, if any		
15.	Present Health Conditions/ suitability to undertake journey/ Tour		
16.	Any other related information, not mentioned above, which the applicant would wish to furnish.		
17. Have you done Penetration Testing & Vulnerability Assessment on network, Internet Banking, etc.? Please give details required in the following table.			
Sl. No.	Areas	Whether penetration Testing & Vulnerability Assessment were conducted	If yes, mention details of services and the scope along with proof.
1	Systems/ network/ network devices/ security devices	YES/ NO	
2	Internet Banking	YES/ NO	
3	Mobile Banking/ SMS Banking	YES/ NO	
4	Cheque Truncation system	YES/ NO	
5	Financial Inclusion	YES/ NO	

6	Cash Management Services Centre	YES/ NO	
7	Depository Participant Cell	YES/ NO	
8	Integrated Treasury Management system	YES/ NO	
9	Card Centre	YES/ NO	
10	Others	YES/ NO	

DECLARATION

I hereby declare that the information submitted above is complete in all respects and true to the best of my knowledge. I understand that in case any discrepancy or inconsistency or incompleteness is found in the information submitted by me, my application is liable to be rejected.

Place:

Date:

Signature of the Applicant