



**Institute of Human Resources Development  
Prajoe Towers, Vazhuthacaud,  
Thiruvananthapuram-14**

*Cir.No. EA4/14495/12/IHRD*

*Dated, 01.09.2014*

**CIRCULAR**

*Sub:- IHRD – Strengthening of Internal Audit wing under IHRD preparation of panel- services of Experienced Ministerial Personnel- Details called for-Reg.*

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IHRD is having more than 80 associate institution all over Kerala and the internal audit of most of the institutions is not being conducted for the last few years. The Accountant General of Kerala in its report dated 2/9/11 stressed the necessity for the formation of internal audit wing in IHRD. The 86<sup>th</sup> meeting of the Executive Committee of IHRD resolved to constitute an internal audit wing urgently. Accordingly as per this office proceedings of even no. dated 13/3/2014 an internal audit wing is constituted with members in the IHRD Head Quarters. They were assigned the audit duty in addition to the normal duties assigned to them. Hence the team is not in a position to do the audit work in a continuous manner. Hence it has been decided to call for willingness from experienced ministerial staff in the cadre of Office Assistant and above who are willing to participate in the internal audit team. All heads of institutions under IHRD are instructed to forward the willingness of those ministerial staff who are willing to participate in the internal audit team, in the format enclosed, on or before 25/09/2014.

If no employees are working in the above categories of post a NIL report should be furnished to this office within the stipulated time without fail.

Receipt of the circular may be acknowledged by return through email only.

*Sd/-*  
**Dr. J. Letha**  
**DIRECTOR**

*Encl: As above*

To

- 1) *All Heads of Institutions*
- 2) *All section heads in the IHRD Head Quarters*
- 3) *Administrative Officer*
- 4) *Finance Officer*
- 5) *S.F*
- 6) *O.C*

*Approved for Issue*

*Head Clerk*

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**Proforma for Willingness to work in Internal Audit Wing**

1. Name, Designation and present institution :
2. Total service rendered by Employee as on date :
3. Signature of the Employee :

**Place:  
Date:**

**Signature:  
Name & Designation  
of the Head of Institution**

*Sd/-*  
*Dr. J. Letha*  
**DIRECTOR**

*Approved for issue*

*J. Letha Clerk*