APPLICATION CUM QUESTIONNAIRE TO BE SUBMITTED BY PRACTICE UNIT

[As per Clause 6(1) & 6 (2) of the Peer Review Guidelines 2022]

| Th | The Secretary, Peer Review Board, | | | | |
|-----|---|--|--|--|--|
| Th | e Institute of Chartered Accountants of India, | | | | |
| IC | Al Bhawan, | | | | |
| Ро | Post Box No. 7100, | | | | |
| Inc | Iraprastha Marg, New Delhi – 110002 | | | | |
| | | | | | |
| | APPLICATION | | | | |
| | | | | | |
| De | ar Sir, | | | | |
| | - | | | | |
| 1. | Our Firm asdsad ; FRN/ M. No sadsad would | | | | |
| | like to apply for Peer Review for the period from 17/5/2025 to 15/5/2025 (three preceding financial years from the date of application). We | | | | |
| | have gone through the Peer Review Guidelines 2022 hosted at | | | | |
| | https://resource.cdn.icai.org/72010prb57960-peer-review-guidelines2022.pdf and undertake to abide by | | | | |
| 2 | the same. | | | | |
| ۷. | I/We hereby declare that my/our firm is applying for Peer Review (Tick the applicable clause): i. ✓ As it is Mandatory by: ICAI Any other Regulator (please specify) | | | | |
| | ii. Uvoluntarily: | | | | |
| | iii. ✓ As a special case Review initiated by the Board: | | | | |
| | iv. ✓ New Unit: | | | | |
| 3 | v. ✓ As per decision of the Board: I/We hereby declare that my/our firm has signed reports pertaining to the following assurance services | | | | |
| υ. | during the period under review: | | | | |
| | | | | | |

| S. No. | Type of Assurance service rendered | Major type of Client (please specify) (e.g.: Banks; Insurance Company; Manufacturing; Individuals; Trading; any other) |
|-----------|------------------------------------|--|
| 1 | Central Statutory Audit | asdsad |
| 2 | Statutory Audit | sadasda |
| 3 | Internal Audit | sadasd |
| 4 | Tax Audit | asdsad |
| 5 | Concurrent Audit | sadsad |

| 6 | Certification work | asdsa |
|---|---------------------------|--------|
| 7 | Any other, please specify | sadsad |

- 4. I/We hereby declare that my/ our firm ✓ has conducted □ has not conducted Statutory Audit of enterprises Listed in India or abroad as defined under SEBI LODR, 2015 during the Review Period.
- 5. Option for appointment of Reviewer: (Tick appropriate option)
 - i. ✓ Same City
 - ii. ✓ From outside City
 - iii. ✓ Either option (i) or (ii)
 - iv. ✓ Preferred City in case of option (ii) ewwa
- 6. Mail Id for communication with the Practice unit sadsa@gmail.com
- 7. Address for sending the Peer Review Certificate awdawsfwafwaf

Further Information to be submitted by New Unit