

FORM 1

**APPLICATION CUM QUESTIONNAIRE TO BE SUBMITTED BY
PRACTICE UNIT**

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

**The Secretary, Peer Review Board,
The Institute of Chartered Accountants of India,
ICAI Bhawan,
Post Box No. 7100,
Indraprastha Marg, New Delhi – 110002**

APPLICATION

Dear Sir,

1. Our Firm sadasdsad ; FRN/ M. No asasd would like to apply for Peer Review for the period from 16/5/2025 to 24/5/2025 (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 the same.
2. 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) sadsads
 - ii. ☐ Voluntarily:
 - iii. ☒ As a special case Review initiated by the Board:
 - iv. ☐ New Unit:
 - v. ☒ As per decision of the Board:
3. I/We hereby declare that my/our firm has signed reports pertaining to the following assurance services 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	sadsa
2	Statutory Audit	asdsad
3	Internal Audit	asdsad
4	Tax Audit	asdsadsa
5	Concurrent Audit	asdsad

6	Certification work	asdsada
7	Any other, please specify	asdsad

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)
- ☒ Same City
 - ☐ From outside City
 - ☐ Either option (i) or (ii)
 - ☒ Preferred City in case of option (ii) ewwa
6. Mail Id for communication with the Practice unit asdsad@gmail.com
7. Address for sending the Peer Review Certificate
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Further Information to be submitted by New Unit