APPLICATION CUM QUESTIONNAIRE TO BE SUBMITTED BY PRACTICE UNIT

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

Th	e Secretary, Peer Reviev	v Board,		
Th	e Institute of Chartered	Accountants of India,		
IC	Al Bhawan,			
Po	est Box No. 7100,			
In	draprastha Marg, New Do	elhi – 110002		
		APPLICATION		
De	ear Sir,			
		-		
1.	Our Firm gsgs	(Name of practic	ce unit as per ICAl Records) ; FRN/ M. No	
	45454	would like to apply for Pe	er Review for the period from	
	9/5/2025	to 9/5/2025	(three preceding financial	
	years from the date of app	blication). We have gone through the F	Peer Review Guidelines 2022 hosted at	
	•	<u>org/72010prb57960-peer-review-guid</u>	elines2022.pdf and undertake to abide by	
	the same.		(T : 1 (1	
2.	<u>.</u>	my/our firm is applying for Peer Review	` ' '	
	•	by: ICAI Any other Regulator (please s	pecify)	
	ii. 🗆 Voluntarily:	Decision in the decide of Decide		
	iii. As a special case Review initiated by the Board:			
	iv. New Unit:	the Decards		
•	v. \square As per decision of			
3.	I/vve hereby declare that I	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 (<u>please specify)</u> (e.g.: Banks; Insurance Company Manufacturing; Individuals; Trading; any other)	
1	Central Statutory Audit	sfff	
2	Statutory Audit	fdfddd	
3	Internal Audit	ddd	
4	Tax Audit	ddddd	
5	Concurrent Audit	dd	
6	Certification work	dddd	
7	Any other, please specify	ddd	
er 5. O i ii iii	 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) dddd 		
7. A	Mail Id for communication with the Practice unit hghdhd@gmailcom address for sending the Peer Review Certificate sdfafa		

Further Information to be submitted by New Unit