## 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 gsgs	
(Name of practice unit as per ICAl Records) ; FRN/ M. No	
45454 wo Review for the period from 9/5/2025	ould like to apply for Peer to
9/5/2025 (th	ree preceding financial years
from the date of application). We have gone through the Peer Review Guideli	nes 2022 hosted at
https://resource.cdn.icai.org/72010prb57960-peer-review-guidelines2022.pd	f and undertake to abide by
the same.	
<ol> <li>I/We hereby declare that my/our firm is applying for Peer Review (Tick the ap i. ✓ As it is Mandatory by: ICAI Any other Regulator (please specify)</li> </ol>	olicable clause):
ii. Uoluntarily:	-
iii. □ As a special case Review initiated by the Board:	
iv. $\square$ New Unit:	
v. $\square$ As per decision of the Board:	
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 ( <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 iv	nterprises Listed in India of ption for appointment of I . □ Same City . ✔ From outside City . □ Either option (i) or (i . □ Preferred City in case	se of option (ii) dddd
	. Mail ld for communication with the Practice unit hghdhd@gmailcom	
7. A	Idress for sending the Ped	er Review Certificate

Further Information to be submitted by New Unit