

**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 Rich sys (Name of practice unit as per ICAI Records); FRN/ M. No gdgdgd (Firm Registration Number/ Mem. No.) would like to apply for Peer Review for the period from 14/5/2025 to 14/5/2025 (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) sgsg
  - 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 ( <u>please specify</u> ) (e.g.: Banks; Insurance Company; Manufacturing; Individuals; Trading ; any other )
1	Central Statutory Audit	ff
2	Statutory Audit	ddddjj
3	Internal Audit	j
4	Tax Audit	jj
5	Concurrent Audit	j
6	Certification work	j
7	Any other, please specify <input type="checkbox"/>	jj

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) jkklj

6. Mail Id for communication with the Practice unit sfgsg@gmail.com

7. Address for sending the Peer Review Certificate

jlj

#### **Further Information to be submitted by New Unit**

- 8. Tick the applicable clause or mention N.A. as the case may be:

1.
  - o CA lklkkk , M.No. [998798 ], partner of my firm is/was a partner/proprietor of the firm nklklj (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (89798789) that is valid from 2025-05-14 till 2025-05-14 .
  - o I am/was a partner/proprietor of the firm hhiuhkj (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (789798798) that is valid from 2025-05-14 till 2025-05-14 .
  - o CA kkjhjkn , (M.No. 9987 ), an employee of my firm who is a Chartered Accountant, is/was a partner/proprietor of the firm kjlkjjklk (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (79798789) that is valid from 2025-05-14 till 2025-05-14 .
  - o CA kjkj , M.No. [98778989], partner of my firm jjhklklkj , is an Empanelled Peer Reviewer who has qualified the test organised by the Board.
  - o I, CA kllmnljn , M.No. 79797 , am an Empanelled Peer Reviewer who has qualified the test organised by the Board.

2. Policies, procedures, and infrastructure of my firm are in conformity with the Standards on Quality Control (SQC-1).

3. I wish to undertake audit of listed entity and further declare that: (Fill as applicable or else mention N.A.)

- o CA hkhkk , M.No. [9797898], partner of my firm has carried out audit of Listed company in last three years.
- o I, CA jkjkhkj , M.No. 897987 (in case of proprietorship firm) have carried out audit of Listed company in last three years.

<input checked="" type="checkbox"/> YES
<input type="checkbox"/> NO

4. The Practice Unit nominates its Partner CA hkjhkk for Peer Review process. His Mobile No. is 89789788788 and E-MAIL id is admin@123 .

5. Annexure: Questionnaire

• I hereby Declare that the details furnished above are true and correct

as borne out by the facts to the best of my knowledge and belief.

- I understand that the Peer Review Certificate, issued on the basis of the report submitted by the reviewer does not provide immunity from Disciplinary/ legal proceedings or actions initiated against Practice Unit or its partners/ employees.
- I undertake to pay the fee to the Peer Reviewer within 7 days from the date of receipt of the invoice from the Peer Reviewer.
- I further undertake and agree that the certificate can be revoked for any of the reason stated in the Peer Review Guidelines

**Place:** Nashik

**Date:** 1/5/2025

**Signature of the Proprietor/Partner Name:** fdfsfs

**Membership No.:** 1234567

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**Annexure**  
**QUESTIONNAIRE**  
**(PART A - PROFILE OF PRACTICE UNIT (PU))**

**1. Name of the Practice Unit:**

dgddg

**2. Peer Review of:** ☐ HO ☒ Branch

**3. Address (As per ICAI records):** gdgdg

**4. Email ID of PU:** bhoyepravin288@gmail.com

**Website of PU:** dgdgd

**5. Status:**

☐ Partnership ☐ Proprietorship ☒ Limited Liability Partnership ☐ Practicing in individual name

**6. Date of establishment of the PU:** 24/5/2025

**7. Firm Registration Number:** gdgdgd (Membership No. in case of an individual practicing in own name)

**8. Is there any networking firm?** No

(i) Name of network: .....

(ii) Since when the Networking is entered into: .....

(iii) Is there any exit from the Networking recently: No

Reason for such exit: .....

**9. Period of assurance service under review**

From: 27/5/2025 To: 29/5/2025

**10. Contact person of PU for Peer Review (along with Mobile No. and Email id):**

dfgdgd

11. Particulars about the constitution of the PU **during the period under review** (as per **Form 18** filled with the ICAI). Is there assurance service like Statutory audit, tax audit, Taxation etc. headed by different partners, if yes details to be provided in the below table:

Name of sole-practitioner/ sole-proprietor/ partner	Membership no. of sole-practitioner/ sole-proprietor/ partner	Association with Practice unit (in years)	Any Post Qualification or Certificate course pursued within or outside ICAI.	Professional experience in practice	Predominant function (e.g. audit, tax, consulting)	Details of Changes	
						Joined (Year)	Left (Year)
jj		j	j	jj	j	j	j
j	j	j	j	j	j	j	jj
j	j	j	jj	j	j	jj	j

12. Particulars of Chartered Accountants Employed / Paid Assistant or Consultants as on 2025-05-17 (last date of block period of peer review):

Name (s)	Membership no.	Association with the practice unit (in years)	Experience (in years)
hh	h	hh	h
h	h	h	h
h	h	h	h

13. Details of Other Employees as on 2025-05-01 (last date of block period of peer review):

Particulars	Number
(a) Semi-Qualified Assistants	1
(b) Articled Assistants	1
(c) Administrative Staff	1
(d) Others	1

14. If the PU has any branch offices, furnish the following details of member in charge and number of staff:

S.No	Member in Charge	No. of staff	Membership No	Address	Whether assurance services rendered
1	fdf	1	fsf	fsf	g
2	sd	1	sfs	sfs	fsf
3	d	1	sfs	sfs	f

15. (i). How is the control procedure followed by the Branch/es?

gdgd

(ii). And whether any periodic sample testing of clients handled by branch/es is done by HO?

ddd

16. Gross receipts of the Practice Unit [both H.O. and branch(es)] as per books of accounts from assurance functions for the period under review. In case of centralized billing the branch turnover may be added with HO, otherwise separate figures (Rs. in Lakhs) to be given:

Financial Year	Head Office	Branch 1	Branch 2	Branch 3
1999	1	1	1	1
9999	1	1	1	1
9999	1	1	1	1

OR

Total Gross receipts of the Practice Unit [both H.O. and branch(es)] as per books of accounts for the period under review. In case of centralized billing the branch turnover may be added with HO otherwise separate figures (Rs. in Lakhs) to be given:

Financial Year	Head Office	Branch 1	Branch 2	Branch 3
1999	1	1	1	1
1999	1	1	1	1
1999	1	1	1	1

17. Concentration: Furnish details where professional fees from any client exceed 15% of the PU's total gross receipts:

Name or code number of the Client	Type of Service (Assurance / Non Assurance)	% of PU's total gross receipts	Financial Year
df	Assurance	0.01	1999
d	Assurance	0.01	1999
d	Assurance	0.01	1999

18. Whether PU has ever undertaken self-evaluation as per 'Digital Competency Maturity Model-2'?

✓ Yes If yes, when: 14/5/2025 ☐ No

19. Has the PU been subjected to a Peer Review in the past?

✓ Yes Certificate number issued by the Board: dffsfs ☐ No

20. Whether any Partner/Employee of Practice Unit has been found guilty by the Disciplinary Committee in the past 3 years in any capacity.

Name of Partner/Employee	Membership No.	Case No.	Whether found guilty YES/NO
dfss	fss	ssd	NO
ssdf	fss	sss	YES
ssff	df	ss	YES

21. Whether any client obtained through the process of tendering?

✓ Yes ☐ No

22. Please provide details of assurance clients where report/certificate has been signed during the period under review, financial year wise and branch wise as per Annexure A(Please use additional sheet for year-wise details):



## ANNEXURE A

**Note: The clients obtained through tender may please be marked with the word tender in bracket.**

Sr. No.	Category of Client (Name or code of client)	Name of Branch/HO of PU	Name of Signing Partner	Type of Engagement*			Whether Engagement Quality review done?	Turn over Rs. Lakhs	Borrowing Rs. Lakhs	Net worth Rs. Lakhs
				FY....	FY....	FY....				
A	<b>Any Bank or Insurance Company</b>									
A1	hskdk	jj	lklk	lkj	lj	jklk	Yes	0.01	0.01	0.01
A2	fff	kk	sdfs	hh	jjj	jj	Yes	0.01	0.01	0.01
A3	jnkk	jk	khjkh	jkjh	jh	jhj	Yes	0.01	0.01	0.01
B	<b>Non Banking Financial Companies having public deposits of Rs.100 crore or above.</b>									
B1	fss	gfg	jigj	ggjgj	jhh	ghjg	Yes	0.01	0.01	0.01
B2	jh	hk	kh	kh	hh	kh	Yes	0.01	0.01	0.01
B3	jhh	bhh	hkk	hkh	ljl	jj	Yes	0.01	0.01	0.01
C	<b>Central or State Public Sector Undertakings and Central Cooperative Societies having turnover exceeding Rs.250 crore or net worth exceeding Rs.5 crores.</b>									
C1	jhk	jkh	hjh	kh	hjk	jhk	Yes	0.02	0.01	0.01
C2	jh	jkjk	hk	hkh	jkh	kxk	Yes	0.02	0.01	0.01
C3	jhgjg	hkk	jkhk	bjk	jhhh	kjkh	Yes	0.01	0.01	0.01
D	<b>Enterprise which is listed in India or Abroad as defined under SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015.</b>									
D1	hkhk	hkh	khkh	h	hk	kh	Yes	0.01	0.01	0.01
D2	jhkjh	hk	jkhk	hh	khh	kkh	Yes	0.01	0.01	0.01
D3	hkh	k	ljl	jllj	jllj	j	No	0.01	0.01	0.01
E	<b>Asset Management Companies or Mutual Funds.</b>									
E1	jhjk	khk	kh	khkh	kjk	kjh	Yes	0.01	0.01	0.01
E2	hbjkjh	lj	lljl	kljk	llj	lj	Yes	0.01	0.01	0.01
E3	jkhk	kjjkj	khkj	jh	kjh	jh	Yes	0.01	0.01	0.01
F	<b>Entities preparing the financial statements as per Ind AS.</b>									
F1	hkh	hkkj	jh	h	kjh	jk	Yes	0.01	0.01	0.01
F2	kjjk	kj	hh	kj	kh	h	Yes	0.02	0.01	0.01
F3	jkhk	kjk	hh	h	hkh	kj	Yes	0.01	0.01	0.01
G	<b>Any Body corporate including trusts which are covered under public interest entities.</b>									

## List of Entities

<b>G1</b>	<b>Listed entities</b>									
G1	jhk	h	kh	kh	khkh	h	h	h		h
G2	h	h	kh	kjh	k	h	h	h		h
G3	h	h	h	kh		h	j	jh	j	j
<b>H</b>	<b>Entities which have raised funds from public or banks or financial institutions or by way of donations/contributions over Fifty Crores rupees during the period under review.</b>									
H1	h	j	j	hk	jh	kjh	jh	jh	jh	kjh
H2	kjh	k	hj	jh	h	h	j	jh	kjh	kjh
H3	kjh	j	h	kjh	kjh	kj	hjk	k	jhk	h
<b>I</b>	<b>Entities which have been funded by Central and / or State Government(s) schemes of over Rs.50 crores during the period under review.</b>									
I1	jkh	kjh	kjh	kj	jh	jk	hkjh	kjh	kj	hj
I2	hkj	hk	hk	jh	j	kj	hkj	jk	hkj	j
I3	j	j	j	j	j	j	j	j	j	j
<b>J</b>	<b>Entities having Net Worth of more than Rs.100 Crores rupees or having turnover of Rs.250 crore or above during the period under review.</b>									
J1	j	j	j	j		j	j	jk	kjh	h
J2	h		jh	kjh	kjh	jk	h	kjh	jkh	jk
J3	h	jkh	jkh	kjh	kjh	kj	h	kjh	jkh	j
<b>K</b>	<b>Any other</b>									
K1	j	hkj	h	kjh	kjh	kjh	jk	jk	hkj	h
K2	jkh	kjh	kjh	jh	jkh	kj	hkj	hkj	hk	hk
K3	k	hk	kj	hkh		hk	hk	jh	kh	k