

**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,

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1. Our Firm sdgsgs (Name of practice unit as per ICAI Records); FRN/ M. No 44444444 (Firm Registration Number/ Mem. No.) would like to apply for Peer Review for the period from 16/5/2025 to 2/5/2025 (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                            | dgdg  |
| 2      | Statutory Audit                                    | dgd   |
| 3      | Internal Audit                                     | dgfdqq  |
| 4      | Tax Audit  | qqqqqqqqqq  |
| 5      | Concurrent Audit                                   | ereer   |
| 6      | Certification work                                 | rtrsgs  |
| 7      | Any other, please specify <input type="checkbox"/> | fsfgsgs   |

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) gsfgg

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

7. Address for sending the Peer Review Certificate

adfa

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

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

1.
  - CA ada, M.No. [34533], partner of my firm is/was a partner/proprietor of the firm setrs (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (67547) that is valid from 2025-05-08 till 2025-05-01.
  - I am/was a partner/proprietor of the firm fgdg (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (4535535) that is valid from 2025-05-01 till 2025-05-02.
  - CA gfgsdgf, (M.No. 4545345), an employee of my firm who is a Chartered Accountant, is/was a partner/proprietor of the firm gsdfggsdfg (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (6455444) that is valid from 2025-05-07 till 2025-05-16.
  - CA ggsgds, M.No. [544644], partner of my firm sgfgsgs, is an Empanelled Peer Reviewer who has qualified the test organised by the Board.
  - I, CA gsgssg, M.No. g564444444444, 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.)

- CA fgdgd, M.No. [445555], partner of my firm has carried out audit of Listed company in last three years.
- I, CA sdgsgd, M.No. 56464 (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 sggs for Peer Review process. His Mobile No. is 5455555555 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:**

fsdfsaa

**2. Peer Review of:** ☐ HO ☒ Branch

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

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

**Website of PU:** dfsfs

**5. Status:**

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

**6. Date of establishment of the PU:** 3/5/2025

**7. Firm Registration Number:** 44444444 (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: 4/6/2025 To: 26/5/2025

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

dsfssds

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) |
| dfgd  | ssss  | 1   | dfd  | ddd                                 | dd   | d                  | d           |
| s   | s   | s   | d  | d                                   | d  | d                  | d           |
| s   | s   | s   | d  | s                                   | s  | s                  | s           |

12. Particulars of Chartered Accountants Employed / Paid Assistant or Consultants as on 2025-05-14 (last date of block period of peer review):

| Name (s) | Membership no. | Association with the practice unit (in years) | Experience (in years) |
|----------|----------------|---|-----------------------|
| erewe    | 334434         | 4   | 4                     |
| erw      | 3534           | 4   | 4                     |
| wrrrw    | 3453           | 4   | 4                     |

13. Details of Other Employees as on 2025-05-31 (last date of block period of peer review):

| Particulars                   | Number |
|-------------------------------|--------|
| (a) Semi-Qualified Assistants | 2      |
| (b) Articled Assistants       | 2      |
| (c) Administrative Staff      | 2      |
| (d) Others                    | 1      |