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 gsgs			
(Name of practice unit as per ICAl Records) ; FRN/ M. No 45454 would like			
to apply for Peer Review for the period from 9/5/2025 to			
9/5/2025 (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.			
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)			
ii. 🗆 Voluntarily:			
iii. As a special case Review initiated by the Board:			
iv. 🗆 New Unit:			
v. \square 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	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	
 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) 			
6. M 7. A	 iv. ☐ Preferred City in case of option (ii) dddd iv. ☐ Preferred City in case of option (ii) dddd iv. ☐ Preferred City in case of option (ii) dddd iv. ☐ Preferred City in case of option (ii) dddd iv. ☐ Preferred City in case of option (ii) dddd iv. ☐ Preferred City in case of option (ii) dddd iv. ☐ Preferred City in case of option (ii) dddd iv. ☐ Address for sending the Peer Review Certificate fsdfafa 		

Further Information to be submitted by New Unit