

**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 fsdfs (Name of practice unit as per ICAI Records); FRN/ M. No 54464 (Firm Registration Number/ Mem. No.) would like to apply for Peer Review for the period from 16/5/2025 to 1/5/2025 (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) .....
  - 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 (please specify) (e.g.: Banks; Insurance Company; Manufacturing; Individuals; Trading ; any other )
1	Central Statutory Audit	yttdy
2	Statutory Audit	ghhdf
3	Internal Audit	hdghf
4	Tax Audit	dhfghd
5	Concurrent Audit	hfhfh
6	Certification work	ggghh
7	Any other, please specify <input type="checkbox"/>	ghfhfh

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) hfg

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

7. Address for sending the Peer Review Certificate

fasertwetw

---

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

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

1.
  - o CAfssdffg \_\_\_\_\_, M.No. [45453 \_\_\_\_\_], partner of my firm is/was a partner/proprietor of the firm sgfgsg \_\_\_\_\_ (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (gsgsg \_\_\_\_\_) that is valid from 2025-05-22 till 2025-05-30.
  - o 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. (fgdg \_\_\_\_\_) that is valid from 2025-05-17 till 2025-05-02.
  - o CAgdgdg \_\_\_\_\_, (M.No. 45435 \_\_\_\_\_), an employee of my firm who is a Chartered Accountant, is/was a partner/proprietor of the firm fsfsf \_\_\_\_\_ (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (fsfsf \_\_\_\_\_) that is valid from 2025-05-01 till 2025-05-31.
  - o CAfsfsf \_\_\_\_\_, M.No. [43553 \_\_\_\_\_], partner of my firm gdgdg \_\_\_\_\_, is an Empanelled Peer Reviewer who has qualified the test organised by the Board.
  - o I, CAgdgdg \_\_\_\_\_, M.No. 543545 \_\_\_\_\_, 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 CAgdg \_\_\_\_\_, M.No. [564646 \_\_\_\_\_], partner of my firm has carried out audit of Listed company in last three years.
- o I, CAItut \_\_\_\_\_, M.No. 564664 \_\_\_\_\_ (in case of proprietorship firm) have carried out audit of Listed company in last three years.

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

4. The Practice Unit nominates its Partner CAstdfs \_\_\_\_\_ for Peer Review process. His Mobile No. is 334566465555 and E-MAIL id is Admin@gmail.com \_\_\_\_\_.

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:** ssgg

**Date:** 1/5/2025

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

**Membership No.:** sgfg

## Annexure

## QUESTIONNAIRE

### (PART A - PROFILE OF PRACTICE UNIT (PU))

1. Name of the Practice Unit: gdgd
2. Peer Review of:  
☐ HO ☐ Branch
3. Address (As per ICAI records):  
gdgd
4. Email ID of PU: admin@gmail.com Website of PU:
5. Status:  
☐ Partnership ☐ Proprietorship ☐ LLP ☐ Individual
6. Date of establishment of the PU: 3/5/2025
7. Firm Registration Number:
8. Networking firm details:  
(i) Name of network:  
(ii) Since when: Invalid Date  
(iii) Recent exit: ☐ Yes ☐ No  
Reason:
9. Period of assurance service under review:  
From: 1/5/2025 To: 2/5/2025
10. Contact person details:  
Name: dfs  
Mobile: 45441125222  
Email: admin@gmail.com

Date: 2025-05-20

Signature: fgsgs

Stamp:

