

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 kfkdf (Name of practice unit as per ICAI Records); FRN/ M. No 453453 (Firm Registration Number/ Mem. No.) would like to apply for Peer Review for the period from 16/5/2025 to 15/5/2025 (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) dfs
 - 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 | fdfjk |
| 2 | Statutory Audit | j |
| 3 | Internal Audit | jj |
| 4 | Tax Audit | j |
| 5 | Concurrent Audit | j |
| 6 | Certification work | j |
| 7 | Any other, please specify <input type="checkbox"/> | j |

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) jjlkjlkjl

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

7. Address for sending the Peer Review Certificate

khfdkakhfk

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 Hfkhkfh , M.No. [89479734], partner of my firm is/was a partner/proprietor of the firm fafda (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (67547) that is valid from 2025-05-08 till 2025-05-21 .
 - o I am/was a partner/proprietor of the firm fsfsfs (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 .
 - o CA dfsa , (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 2025-05-08 till 2025-05-22 .
 - o CA ffsfs , M.No. [544644], partner of my firm sgfgsgs , is an Empanelled Peer Reviewer who has qualified the test organised by the Board.
 - o I, CA fsfsf , 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.)

- o CA fss , M.No. [445555], partner of my firm has carried out audit of Listed company in last three years.
- o I, CA dffs , 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: 8/5/2025

Signature of the Proprietor/Partner Name: fsfsfs

Membership No.: 1234567

// Page No 5

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

1. Name of the Practice Unit:

fsfsfs

2. Peer Review of: ☐ HO ☒ Branch

3. Address (As per ICAI records): dfssf

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

Website of PU: fssf

5. Status:

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

6. Date of establishment of the PU: 1/5/2025

7. Firm Registration Number: 453453 (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: 1/5/2025 To: 1/5/2025

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

sfsfs

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) |
| j h | k | jk | j | j | j | j | j |
| j | j | j | | j | j | j | j |
| | j | j | j | j | j | j | jj |

12. Particulars of Chartered Accountants Employed / Paid Assistant or Consultants as on 2025-05-09 (last date of block period of peer review):

| Name (s) | Membership no. | Association with the practice unit (in years) | Experience (in years) |
|----------|----------------|---|-----------------------|
| j | j | j | j |
| j | j | j | j |
| j | j | j | j |

13. Details of Other Employees as on 2025-05-15 (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 | j | 1 | j | j | jj |
| 2 | jj | 1 | h | h | h |
| 3 | h | 1 | hh | hh | h |

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

kjhfhk

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

hhk

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 | 2 | 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 |
|-----------------------------------|---|--------------------------------|----------------|
| hfkjkhksh | Assurance | 0.01 | 1999 |
| jhdjfhk | Assurance | 0.01 | 1999 |
| dsdsf | Assurance | 0.01 | 1999 |

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

☒ Yes If yes, when: 6/5/2025 ☐ No

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

☐ Yes ☐ 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 |
|--------------------------|----------------|----------|-----------------------------|
| h | h | h | YES |
| h | h | h | YES |
| h | hh | h | 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 | Any Bank or Insurance Company | | | | | | | | | |
| A1 | jhhjjjk | j | hj | h | hh | h | Yes | 0.01 | 0.01 | 0.01 |
| A2 | dd | d | jhh | kjh | kjh | k | Yes | 0.01 | 0.01 | 0.01 |
| A3 | hgvg | ghjg | ghg | jhg | gjg | g | Yes | 1 | 0.01 | 0.01 |
| B | Non Banking Financial Companies having public deposits of Rs.100 crore or above. | | | | | | | | | |
| B1 | dfsdf | jhkhhkh | hk | hk | hk | h | Yes | 0.01 | 0.01 | 0.01 |
| B2 | hhkk | fsff | h | hk | hh | k | Yes | 0.01 | 0.01 | 0.01 |
| B3 | jkjkhkh | sdd | gdd | dd | df | dgddg | Yes | 0.01 | 0.01 | 0.01 |
| C | Central or State Public Sector Undertakings and Central Cooperative Societies having turnover exceeding Rs.250 crore or net worth exceeding Rs.5 crores. | | | | | | | | | |
| C1 | bhjggj | gj | gjg | yg | yg | yg | Yes | 0.01 | 0.01 | 0.01 |
| C2 | hhkh | hkkhkh | yh | khj | kh | kjh | Yes | 0.01 | 0.01 | 0.01 |
| C3 | hh | jkhk | hkh | kh | h | h | Yes | 0.01 | 0.01 | 0.01 |
| D | Enterprise which is listed in India or Abroad as defined under SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015. | | | | | | | | | |
| D1 | hjggj | g | yg | yg | yg | g | Yes | 0.01 | 0.01 | 0.01 |
| D2 | hkjhk | hkh | h | h | khkh | kh | Yes | 0.01 | 0.01 | 0.01 |
| D3 | ygjhg | hgjg | gy | yg | g | yg | Yes | 0.01 | 0.01 | 0.01 |
| E | Asset Management Companies or Mutual Funds. | | | | | | | | | |
| E1 | ghjgh | gy | gyg | yg | yg | yg | Yes | 0.02 | 0.01 | 0.01 |
| E2 | vg | g | gy | gy | gy | g | Yes | 0.01 | 0.01 | 0.01 |
| E3 | hg | g | yg | g | g | yg | Yes | 0.01 | 0.01 | 0.01 |
| F | Entities preparing the financial statements as per Ind AS. | | | | | | | | | |
| F1 | ghgj | jhgj | gg | yg | yg | yg | Yes | 0.01 | 0.01 | 0.01 |
| F2 | jhgjhg | jhg | gy | g | yg | yg | Yes | 0.01 | 0.01 | 0.01 |
| F3 | gygyg | yg | gy | g | ygh | yh | Yes | 0.01 | 0.01 | 0.01 |
| G | Any Body corporate including trusts which are covered under public interest entities. | | | | | | | | | |

List of Entities

| | | | | | | | | | | |
|-----------|--|-----|-----|-----|-----|-----|-----|-----|-----|------|
| G1 | Listed entities | | | | | | | | | |
| G1 | g | gj | jg | jhg | jj | j | j | j | j | j |
| G2 | j | j | j | j | j | | j | j | j | j |
| G3 | j | j | | j | j | j | j | j | j | j |
| H | 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. | | | | | | | | | |
| H1 | j | j | j | | j | j | j | j | j | j |
| H2 | j | j | j | j | j | j | j | j | j | j |
| H3 | j | jjj | | jj | j | j | j | j | j | j |
| I | Entities which have been funded by Central and / or State Government(s) schemes of over Rs.50 crores during the period under review. | | | | | | | | | |
| I1 | j | j | j | j | j | j | k | | jh | hgh |
| I2 | k | hjk | jhk | h | h | kjh | kjh | kjh | kjh | k |
| I3 | jh | kjh | kjh | kjh | h | h | kjh | k | jhk | jh |
| J | 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. | | | | | | | | | |
| J1 | kh | kjh | kj | hk | h | khj | kjh | kjh | j | h |
| J2 | kjh | kjh | h | h | ui | fg | g | hg | h | uihk |
| J3 | jh | kh | | kjh | kj | hkj | h | h | kjh | kjh |
| K | Any other | | | | | | | | | |
| K1 | kj | hk | jhk | jh | kjh | u | hk | jh | kjh | k |
| K2 | hui | kk | hk | h | h | k | hk | jh | j | jh |
| K3 | kh | h | h | kjh | kjh | kj | hk | jh | kjh | kjh |

***Type of engagement (1) Central Statutory Audit (CSA), (2) Statutory Audit (SA), (3) Tax Audit (TA), (4) Internal Audit (IA), (5) Others** (Concurrent, GST, certification work etc.)

Note: Type of assurance service engagements include Central Statutory Audit, Statutory Audit, Tax Audit, GST Audit, Internal Audit, Certification work but does not include:

- i. Management consultancy Engagements;
- ii. Representation before various authorities;
- iii. Engagements to prepare tax return or advising clients in taxation matter;
- iv. Engagements for the compilation of financial statement;

ICAI Peer Review - Policies and Procedures

Practice Unit:

Date: 14/5/2025

| S.No. | Policies and Procedures | REMARKS/YES/NO/NA |
|-------|---|-------------------|
| d) | Whether checklist of relevant Laws/Rules including those related with Accountancy & audit is shared with the engagement team? | ✓ kjh |
| e) | Whether industry briefing about nature, structure & vertical, and important points from previous year audit summary memorandum are provided to team during planning of the engagement? | ✓ |
| f) | Any other (pls. specify) ss | ✓ |
| 2. | Does the PU conduct pre-assignment meeting with the clients, liaison office etc. to understand the preparedness of the client to start the professional functions. | ✓ d |
| 3. | Does the PU prepare and document Audit Summary Memorandum to provide the history of the planned risks, the audit procedures which mitigated the risk, conclusions on controls etc.? | ✓ d |
| 4. | Does the PU prepare standardized forms, checklists and questionnaires used in performance engagements? | ✓ ds |
| 5. | Does the team leader/Engagement Partner keep a track of the audit findings, other significant issues at various stages of the engagement (including disposal/discussion with the TCWG)? | ✓ c |
| 6. | How does the PU ensure that | xc |
| i) | the qualified team members review the work performed by other team members on a timely basis? | ✓ |