

**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 fsdf (Name of practice unit as per ICAI Records); FRN/ M. No 45454 (Firm Registration Number/ Mem. No.) would like to apply for Peer Review for the period from 7/5/2025 to 22/5/2025 (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) fdf
  - 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	gdfgsd
2	Statutory Audit	dgghjh
3	Internal Audit	ghfhfh
4	Tax Audit	dddddd
5	Concurrent Audit	bxgfg
6	Certification work	dd
7	Any other, please specify <input type="checkbox"/>	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)

i. ☒ Same City

ii. ☒ From outside City

iii. ☐ Either option (i) or (ii)

iv. ☐ Preferred City in case of option (ii) asdas .....

6. Mail Id for communication with the Practice unit hghdhd@gmailcom .....

7. Address for sending the Peer Review Certificate

gfgfgffffhtts

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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 fgss \_\_\_\_\_, M.No. [3455 \_\_\_\_\_], partner of my firm  
is/was a partner/proprietor of the firm gsgg  
(name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (2323444) that is  
valid from 2025-05-28 till 2025-05-15 .
- I am/was a partner/proprietor of the firm gsgsg  
(name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (45353) that is  
valid from 2025-05-02 till 2025-05-27 .
- CA Abcd \_\_\_\_\_, (M.No. 65644 \_\_\_\_\_), an employee of my  
firm who is a Chartered Accountant, is/was a partner/proprietor of the firm  
fgsg \_\_\_\_\_ (name and FRN of firm as per ICAI  
records) having a Peer Review Certificate No. (4535) that is valid from 2025-05-14 till  
2025-05-28 .
- CA rwtrt \_\_\_\_\_, M.No. [5466 \_\_\_\_\_], partner of my firm  
dfaf \_\_\_\_\_, is an Empanelled Peer Reviewer who has  
qualified the test organised by the Board.
- I, CA Abcd \_\_\_\_\_, M.No. 424244 \_\_\_\_\_, 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.)

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

- CA gdgd \_\_\_\_\_, M.No. [43555 \_\_\_\_\_], partner of  
my firm has carried out audit of Listed company in last three years.
- I, CA Abcd \_\_\_\_\_, M.No. 5353 \_\_\_\_\_ (in case of  
proprietorship firm) have carried out audit of Listed company in last three years.

4. The Practice Unit nominates its Partner CA tetert \_\_\_\_\_ for  
Peer Review process. His Mobile No. is 5354545454 and E-MAIL id is  
admin@1234 \_\_\_\_\_.

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:** 7/5/2025

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

**Membership No.:** 3535554

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## Annexure

### QUESTIONNAIRE

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

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

2. Peer Review of: HO

3. Address (As per ICAI records):

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4. Email ID of PU: admin@admin.com .....

Website of PU: fff .....

5. Status:

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

6. Date of establishment of the PU: 7/5/2025 .....

7. Firm Registration Number: 45454 ..... (Membership No. in case of an individual practicing in own name)

8. Is there any networking firm? Yes

(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: 28/5/2025 ..... To:  
26/5/2025 .....

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

sdff

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