

**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 fgs<sup>gs</sup> .....  
(Name of practice unit as per ICAI Records) ; FRN/ M. No sgsg ..... (Firm Registration Number/ Mem. No. as per ICAI records) would like to apply for Peer Review for the period from 8/5/2025 to 10/5/2025 (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)
  3. ☒ Voluntarily:
  4. ☐ As a special case Review initiated by the Board:
  5. ☐ New Unit:
  6. ☐ As per decision of the Board:
- 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	g
2	Statutory Audit	zv
3	Internal Audit	vcc
4	Tax Audit	zv
5	Concurrent Audit	bxgfg
6	Certification work	cvzv
7	Any other, please specify	zvfgsd

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) dfgd
6. Mail Id for communication with the Practice unit  
hghdhd@gmailcom
7. Address for sending the Peer Review Certificate  
zxvgfsgf
8. Tick the applicable clause or mention N.A. as the case may be:

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