

**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 ffff (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 22/5/2025 to 16/5/2025 (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	dff
2	Statutory Audit	fff
3	Internal Audit	ddddddddddd
4	Tax Audit	dddd
5	Concurrent Audit	ddd
6	Certification work	ddd
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) dd .....

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

7. Address for sending the Peer Review Certificate

ddfdsfafasff

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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.
  - o CAAdfd , 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. (sgsg ) that is valid from 2025-05-10 till 2025-05-02 .
  - o I am/was a partner/proprietor of the firm fsfsf (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (45353 ) that is valid from 2025-04-30 till 2025-05-10 .
  - o CAffa , (M.No. 456456 ), 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 2025-05-31 till 2025-05-16 .
  - o CArwtrt , M.No. [5466 ], partner of my firm dfaf , is an Empanelled Peer Reviewer who has qualified the test organised by the Board.
  - o I, CAsdfs , 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.)

- o CAff , M.No. [534 ], partner of my firm has carried out audit of Listed company in last three years.
- o I, CAderwette , M.No. 5353 (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 CATetert 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: <u>nashik</u>	Signature of the Proprietor/Partner
Date: <u>20/5/2025</u>	Name: <u>fer</u>
Membership No.: <u>trwt</u>	