

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 24/5/2025 to 17/5/2025 (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 (please specify) (e.g.: Banks; Insurance Company; Manufacturing; Individuals; Trading ; any other)
1	Central Statutory Audit	dd
2	Statutory Audit	dd
3	Internal Audit	dd
4	Tax Audit	dd
5	Concurrent Audit	dd
6	Certification work	dd
7	Any other, please specify <input type="checkbox"/>	dd

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) d

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

7. Address for sending the Peer Review Certificate

fdgsgs

Further Information to be submitted by New Unit

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

1.
 - o CAfgd , 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 2025-05-02 till 2025-05-17 .
 - o 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. () that is valid from 2025-05-17 till 2025-05-17 .
 - o CAfg (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 2025-05-31 till 2025-05-30 .
 - 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, CA sdfs , 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 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: 30/5/2025

Signature of the Proprietor/Partner Name: rtwetr

Membership No.: trtw

Annexure

QUESTIONNAIRE

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

1. Name of the Practice Unit: df
2. Peer Review of:
☐ HO ☐ Branch
3. Address (As per ICAI records):
fff
sf
ff
4. Email ID of PU: admin@admin.com Website of PU: fff
5. Status:
☐ Partnership ☐ Proprietorship ☐ LLP ☐ Individual
6. Date of establishment of the PU: 17/5/2025
7. Firm Registration Number: 34424
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: 17/5/2025 To: 17/5/2025
10. Contact person details:
Name:
Mobile:
Email:

Date: _____

Signature: _____

Stamp: _____