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 sdsad _____ ; FRN/ M. No asdsad _____ 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) _____
    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	sadasd
2	Statutory Audit	asdasd
3	Internal Audit	asdsad
4	Tax Audit	asdsad
5	Concurrent Audit	sdsad

6	Certification work	asdasd
7	Any other, please specify	asdasd

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)

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

7. Address for sending the Peer Review Certificate
   asdasd

Further Information to be submitted by New Unit