

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 Any other Regulator (please specify):

(iii) As a special case Review initiated by the Board:

(v) As per decision of the Board:

(ii) From outside City

(iv) Preferred City in case of option (ii) Kalyan

6. Mail Id for communication with the Practice unit:
ravihosting19@gmail.com

7. Address for sending the Peer Review Certificate: Chota
Mhasoba Road
runali bldg f wing