

**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 dfsdf (Name of practice unit as per ICAI Records); FRN/ M. No 453453 (Firm Registration Number/ Mem. No.) would like to apply for Peer Review for the period from 15/5/2025 to 7/5/2025 (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) ffsfs
  - 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 ( <u>please specify</u> ) (e.g.: Banks; Insurance Company; Manufacturing; Individuals; Trading ; any other )
1	Central Statutory Audit	sss
2	Statutory Audit	sss
3	Internal Audit	ss
4	Tax Audit	sss
5	Concurrent Audit	ss
6	Certification work	ss
7	Any other, please specify <input type="checkbox"/>	ss

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) ss .....

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

7. Address for sending the Peer Review Certificate

fsfsffg

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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.
  - CA ggssd \_\_\_\_\_, M.No. [35355 \_\_\_\_\_], partner of my firm is/was a partner/proprietor of the firm sets \_\_\_\_\_ (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (67547 \_\_\_\_\_) that is valid from 2025-05-01 till 2025-05-08 .
  - I am/was a partner/proprietor of the firm fgdg \_\_\_\_\_ (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (4535535) that is valid from 2025-05-21 till 2025-05-14 .
  - CA gfgsdgf \_\_\_\_\_, (M.No. 4545345), an employee of my firm who is a Chartered Accountant, is/was a partner/proprietor of the firm gsdggsdgdg \_\_\_\_\_ (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (.....) that is valid from 2025-05-01 till 2025-05-08 .
  - CA fdgdg \_\_\_\_\_, M.No. [544644 \_\_\_\_\_], partner of my firm sgfgsgs \_\_\_\_\_, is an Empanelled Peer Reviewer who has qualified the test organised by the Board.
  - I, CA gsgssg \_\_\_\_\_, M.No. g56444444444, 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.)

<input checked="" type="checkbox"/> YES
<input type="checkbox"/> NO

- CA fdgdg \_\_\_\_\_, M.No. [445555 \_\_\_\_\_], partner of my firm has carried out audit of Listed company in last three years.
- I, CA sdgsgd \_\_\_\_\_, M.No. 56464 \_\_\_\_\_ (in case of proprietorship firm) have carried out audit of Listed company in last three years.

4. The Practice Unit nominates its Partner CA sggs \_\_\_\_\_ for Peer Review process. His Mobile No. is 5455555555 and E-MAIL id is admin@123 \_\_\_\_\_.

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:** 26/5/2025

**Signature of the Proprietor/Partner Name:** fdfsfs

**Membership No.:** 1234567

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**Annexure**  
**QUESTIONNAIRE**  
**(PART A - PROFILE OF PRACTICE UNIT (PU))**

**1. Name of the Practice Unit:**

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**2. Peer Review of:** ☐ HO ☒ Branch

**3. Address (As per ICAI records):** dgd

**4. Email ID of PU:** bhoyepravin288@gmail.com

**Website of PU:** gsgfssgs

**5. Status:**

☐ Partnership ☐ Proprietorship ☒ Limited Liability Partnership ☐ Practicing in individual name

**6. Date of establishment of the PU:** 31/5/2025

**7. Firm Registration Number:** 453453 (Membership No. in case of an individual practicing in own name)

**8. Is there any networking firm? Yes**

(i) Name of network: .....

(ii) Since when the Networking is entered into: .....

(iii) Is there any exit from the Networking recently: No

Reason for such exit: .....

**9. Period of assurance service under review**

From: 8/5/2025 To:  
14/5/2025

**10. Contact person of PU for Peer Review (along with Mobile No. and Email id):**

gdgdggfg

11. Particulars about the constitution of the PU **during the period under review** (as per **Form 18** filled with the ICAI). Is there assurance service like Statutory audit, tax audit, Taxation etc. headed by different partners, if yes details to be provided in the below table:

Name of sole-practitioner/ sole-proprietor/ partner	Membership no. of sole-practitioner/ sole-proprietor/ partner	Association with Practice unit (in years)	Any Post Qualification or Certificate course pursued within or outside ICAI.	Professional experience in practice	Predominant function (e.g. audit, tax, consulting)	Details of Changes	
						Joined (Year)	Left (Year)
j	j	j	j	j	j	j	j
jj	j	j	j	j	j	j	j
j	j	j	j	j	j	j	jj

12. Particulars of Chartered Accountants Employed / Paid Assistant or Consultants as on 2025-05-15 (last date of block period of peer review):

Name (s)	Membership no.	Association with the practice unit (in years)	Experience (in years)
k	k	k	k
k	k	k	k
k	k	k	k

13. Details of Other Employees as on 2025-05-02 (last date of block period of peer review):

Particulars	Number
(a) Semi-Qualified Assistants	1
(b) Articled Assistants	1
(c) Administrative Staff	1
(d) Others	1

14. If the PU has any branch offices, furnish the following details of member in charge and number of staff:

S.No	Member in Charge	No. of staff	Membership No	Address	Whether assurance services rendered
1	k		ll	lk	k
2	j			k	kk
3	k		k	k	k

15. (i). How is the control procedure followed by the Branch/es?

k

(ii). And whether any periodic sample testing of clients handled by branch/es is done by HO?

fdf

16. Gross receipts of the Practice Unit [both H.O. and branch(es)] as per books of accounts from assurance functions for the period under review. In case of centralized billing the branch turnover may be added with HO, otherwise separate figures (Rs. in Lakhs) to be given:

Financial Year	Head Office	Branch 1	Branch 2	Branch 3
1999	1	1	1	1
9999	1	2	1	1
	1	1	1	1

OR

Total Gross receipts of the Practice Unit [both H.O. and branch(es)] as per books of accounts for the period under review. In case of centralized billing the branch turnover may be added with HO otherwise separate figures (Rs. in Lakhs) to be given:

Financial Year	Head Office	Branch 1	Branch 2	Branch 3
1999	1	2	1	2
	1	1	1	1
	1	1	1	1

17. Concentration: Furnish details where professional fees from any client exceed 15% of the PU's total gross receipts:

Name or code number of the Client	Type of Service (Assurance / Non Assurance)	% of PU's total gross receipts	Financial Year
dsfd	Assurance	0.01	1999
efssf	Assurance	0.01	1999
gw	Assurance	0.02	1999

18. Whether PU has ever undertaken self-evaluation as per 'Digital Competency Maturity Model-2'?

✓ Yes If yes, when: 14/5/2025 ☐ No

19. Has the PU been subjected to a Peer Review in the past?

✓ Yes Certificate number issued by the Board: fhdhd ☐ No

20. Whether any Partner/Employee of Practice Unit has been found guilty by the Disciplinary Committee in the past 3 years in any capacity.

Name of Partner/Employee	Membership No.	Case No.	Whether found guilty YES/NO
sfsfnskn	kjkhjkk	1	YES
fwww	efsf	1	NO
DJSLSF	FGW	22	YES

21. Whether any client obtained through the process of tendering?

☐ Yes ✓ No

22. Please provide details of assurance clients where report/certificate has been signed during the period under review, financial year wise and branch wise as per Annexure A(Please use additional sheet for year-wise details):