

**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 7/5/2025 to 22/5/2025 (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 ( <u>please specify</u> ) (e.g.: Banks; Insurance Company; Manufacturing; Individuals; Trading ; any other )
1	Central Statutory Audit	gdfgsd
2	Statutory Audit	dgghjh
3	Internal Audit	ghfhfh
4	Tax Audit	dddddd
5	Concurrent Audit	bxgfg
6	Certification work	dd
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) asdas .....

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

7. Address for sending the Peer Review Certificate

gfgfgffffhtts

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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 fgss , 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. (2323444) that is valid from 2025-05-28 till 2025-05-15 .
  - 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. (45353 ) that is valid from 2025-05-02 till 2025-05-27 .
  - CA Abcd , (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 2025-05-14 till 2025-05-28 .
  - CA rwtrt , M.No. [5466 ], partner of my firm dfaf , is an Empanelled Peer Reviewer who has qualified the test organised by the Board.
  - I, CA Abcd , 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.)

- CA gdgd , M.No. [43555 ], partner of my firm has carried out audit of Listed company in last three years.
- I, CA Abcd , 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:** 7/5/2025

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

**Membership No.:** 3535554

## 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):  
Dhruvnagar Gangapur Road Nashik  
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: 3/5/2025
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: 15/5/2025 To: 21/5/2025
10. Contact person details:  
Name: Abcd  
Mobile: 1234567890  
Email: admin@gmail.com

Date: 2025-05-01

Signature: ffsfsffs

Stamp:



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

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

**2. Peer Review of:** HO

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

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**4. Email ID of PU:** admin@admin.com

**Website of PU:** fff

**5. Status:**

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

**6. Date of establishment of the PU:** 7/5/2025

**7. Firm Registration Number:** 45454

(Membership No. in case of an individual practicing in own name)

**8. Is there any networking firm?** No

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

From: 28/5/2025

To:

26/5/2025

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

sdff