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,			
lik 23 ha ht th 2. I/V ii. iii. iv. v. 3. I/V	te to apply for Peer Review 3/5/2025 ave gone through the Peet tps://resource.cdn.icai.org e same. We hereby declare that m As it is Mandatory by Uoluntarily: As a special case R New Unit: As per decision of the We hereby declare that m	y/our firm has signed reports pertaining to the following assurance services		
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	cn		

7	Any other, please specify	hdhd		
 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) hghdhd			
7. /	6. Mail ld for communication with the Practice unit hghdhd@gmailcom 7. Address for sending the Peer Review Certificate fgsfgssdsgfgsgfg			

Further Information to be submitted by New Unit