

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 gsgs
(Name of practice unit as per ICAI Records) ; FRN/ M. No 45454 (Firm Registration Number/ Mem. No. as per ICAI records) would like to apply for Peer Review for the period from 9/5/2025 to 9/5/2025 (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 | sfff |
| 2 | Statutory Audit | fdfddd |
| 3 | Internal Audit | ddd |
| 4 | Tax Audit | dddddd |
| 5 | Concurrent Audit | dd |
| 6 | Certification work | dddd |
| 7 | Any other, please specify | 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) dddd
6. Mail Id for communication with the Practice unit
hghdhd@gmailcom
7. Address for sending the Peer Review Certificate
fsdfafa

Further Information to be submitted by New Unit