

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 ffff (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 22/5/2025 to 16/5/2025 (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	dff
2	Statutory Audit	fff
3	Internal Audit	dddddddddd
4	Tax Audit	dddd
5	Concurrent Audit	ddd
6	Certification work	ddd
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) dd

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

7. Address for sending the Peer Review Certificate

ddfdsfafasff

Further Information to be submitted by New Unit

- 8. Tick the applicable clause or mention N.A. as the case may be:

1.
 - o CAAdf....., 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. (sgsg.....) that is valid from 2025-05-10 till 2025-05-02.
 - o I am/was a partner/proprietor of the firm fsfsf..... (name and FRN of firm as per ICAI records) having a Peer Review Certificate No. (45353.....) that is valid from 2025-04-30 till 2025-05-10.
 - o CAffa....., (M.No. 456456.....), 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 2025-05-31 till 2025-05-16.
 - o CArwrt....., M.No. [5466.....], partner of my firm dfaf....., is an Empanelled Peer Reviewer who has qualified the test organised by the Board.
 - o I, CAasdfs....., 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.)

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

 - o CAff....., M.No. [534.....], partner of my firm has carried out audit of Listed company in last three years.
 - o I, CAderwette....., M.No. 5353..... (in case of proprietorship firm) have carried out audit of Listed company in last three years.
4. The Practice Unit nominates its Partner CATetert..... 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

• 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: <u>nashik</u>	Signature of the Proprietor/Partner
Date: <u>20/5/2025</u>	Name: <u>fer</u>

Membership No.: trwt.....