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,			
-			
 Our Firm Adfsfs (Name of practice unit as per ICAl Records); FRN/ M. No 9959544 (Firm Registration Number/ Mem. No. as per ICAl records) would like to apply for Peer Review for the period from 9/5/2025 to 10/5/2025 (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. I/We hereby declare that my/our firm is applying for Peer Review (Tick the applicable clause): i.			

• 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	qwrggs	
2	Statutory Audit	hdhh	
3	Internal Audit	jjkll	
4	Tax Audit	bccc	
5	Concurrent Audit	n	
6	Certification work	ссс	
7	Any other, please specify	plijhg	
 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. Option for appointment of Reviewer: (Tick appropriate option) ✓ Same City □ From outside City □ Either option (i) or (ii) □ Preferred City in case of option (ii) gfggs 			
	Mail Id for communication with the Practice unit hghdhd@gmailcom		
7. Ac	Address for sending the Peer Review Certificate qweasgdfdhhf		

Further Information to be submitted by New Unit