## 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,			
-			
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)			
3.  Voluntarily:			
<ul> <li>4. □ As a special case Review initiated by the Board:</li> <li>5. □ New Unit:</li> </ul>			
6. ☐ As per decision of the Board:			
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	sfff	
2	Statutory Audit	fdfddd	
3	Internal Audit	ddd	
4	Tax Audit	ddddd	
5	Concurrent Audit	dd	
6	Certification work	dddd	
7	Any other, please specify	ddd	
<ol> <li>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.</li> <li>Option for appointment of Reviewer: (Tick appropriate option)         <ol> <li>□ Same City</li> <li>✓ From outside City</li> <li>□ Either option (i) or (ii)</li> <li>□ Preferred City in case of option (ii) dddd</li> </ol> </li> <li>Mail Id for communication with the Practice unit</li> </ol>			
	hghdhd@gmailcom		
	Address for sending the Peer Review Certificate fsdfafa		

Further Information to be submitted by New Unit