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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 Our Firm gsgs ; FRN/ M. No 45454 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. I/We hereby declare that my/our firm is applying for Peer Review (Tick the applicable clause): 			
 i. ✓ As it is Mandatory by: ICAl 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 The per decision of the Board.			
pertaining to the following assurance services during the period under review:			

S.	Type of Assurance	Major type of Client (please specify) (e.g.: Banks; Insurance Company;	
No.		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	
 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) □ Same City □ From outside City □ Either option (i) or (ii) □ Preferred City in case of option (ii) dddd 6. Mail Id for communication with the Practice unit hghdhd@gmailcom 			
7. A	ddress for sending the Pe dfafa		

Further Information to be submitted by New Unit