THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA
NEW DELHI
PEER REVIEW BOARD

APPLICATION FORM FOR EMPANELMENT AS A *REVIEWER*

Photograph

1. Applicant's Name
   Mr/Ms ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   FIRST MIDDLE LAST

2 Father's Name
   Mr ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3 Date of Birth ☐☐-☐☐-☐☐
   DD MM YY

4. Mailing ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐
   CITY STATE PINCODE

5. E-mail Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6. Telephone Number ☐☐☐☐☐-☐☐☐☐☐☐☐☐☐
   Mobile Number ☐☐☐☐☐☐☐☐☐☐☐☐

7. Fax Number ☐☐☐☐☐-☐☐☐☐☐☐☐☐☐

8. Membership Number of ICAI ☐☐☐☐☐☐

9. Associate Member Since ☐☐-☐☐-☐☐
   DD MM YY

10. Fellow Member Since ☐☐-☐☐-☐☐
    DD MM YY

11. Post-Qualification Courses Pursued (Conducted by ICAI)

	Name of Course	Year of Completion
A	Management Accountancy Course	☐☐☐☐
B	Tax Management Course	☐☐☐☐
C	Corporate Management Course	☐☐☐☐
D	Information and Systems Audit	☐☐☐☐
E	Insurance and Risk Management	☐☐☐☐
F	CAAT	☐☐☐☐
G	ITL & WTO	☐☐☐☐

12. Any Major achievement (during education)

_____

_____

_____

13. **Audit** working Experience *(since enrolment as Associate)*:(starting from last to first)[1]

a. Firm Name and Address

☐☐

Date of Constitution ☐☐-☐☐-☐☐

Number of Partners ☐☐

Number of Paid Chartered Accountants ☐☐☐

Working as [*Please specify the Position held in the firm of Chartered Accountant(s)]*

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

[*Please specify the Period of Working in the firm of Chartered Accountant(s)]*

Working since ☐☐☐☐

b. Firm Name and Address

☐☐

Date of Constitution ☐☐-☐☐-☐☐

Number of Partners ☐☐

Number of Paid Chartered Accountants ☐☐☐

Worked as [*Please specify the Position held in the firm of Chartered Accountant(s)]*

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

[*Please specify the Period of Working in the firm of Chartered Accountant(s)]*

From ☐☐☐☐ To☐☐☐☐

(Specify years only)

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[1] Use additional sheet, if required

14. Major Attestation Work handled[2]:

Name of Client	***Level of Responsibility[3]***	***Turnover[4]***	***Audit Fees[5]***	***Type of Audits (Tick appropriate Box)***		
	(mention appropriate code)			***Statutory***	***Tax***	***Internal /other***
Banks						
1.	☐☐	☐	☐	☐	☐	☐
2.	☐☐	☐	☐	☐	☐	☐
Financial Institutions						
1.	☐☐	☐	☐	☐	☐	☐
2.	☐☐	☐	☐	☐	☐	☐
Insurance Companies						
1.	☐☐	☐	☐	☐	☐	☐
2.	☐☐	☐	☐	☐	☐	☐
Companies						
• *Public*						
1.	☐☐	☐	☐	☐	☐	☐
2.	☐☐	☐	☐	☐	☐	☐
• *Private*						
1.	☐☐	☐	☐	☐	☐	☐
2.	☐☐	☐	☐	☐	☐	☐
• *Government*						
1.	☐☐	☐	☐	☐	☐	☐
2.	☐☐	☐	☐	☐	☐	☐
Co-operative Societies						
1.	☐☐	☐	☐	☐	☐	☐
2.	☐☐	☐	☐	☐	☐	☐
NBFCs						
1.	☐☐	☐	☐	☐	☐	☐
2.	☐☐	☐	☐	☐	☐	☐

15. Professional Achievements:

_____

_____

_____

[2] Use additional sheet, if required
[3] Please specify the level of responsibility as: Audit assistant-AS and Supervisory-SP.
[4] Please specify the Code for Turnover (per annum in rupees) as 1 to 50 crores-1; 50 to 200 crore-2 and above 200 crores-3.
[5] Specify code for Audit fees per annum in rupees: upto 50 thousand-1; 51000 to 2 lacs- 2; 2 to 5 lacs-3 and more than 5 lacs-4.

16. Details of CPE Programmes attended:

_____

_____

_____

17. Whether any Disciplinary action is pending against you *(referred to Disciplinary Committee for enquiry)*?

Yes ☐ No ☐

If Yes, please give details

_____

I hereby declare that

a. I am a member of the Institute

b. I Possess minimum ten/fifteen years experience of audit and am currently active in the practice of accounting and auditing ***(Note: 10/15 years' audit experience need not be continuous but cumulative; but any block of less than 2 years' experience in determining cumulative experience shall not be counted)****; and*

c. The information given above is true and correct and nothing has been concealed therefrom.

Name

Date *(Signature)*

For Office Use Only:

1. Whether applicant:
   - (a) Is member of the Institute Yes ☐ No ☐
   - (b) possess atleast 10 years' audit experience Yes ☐ No ☐
   - (c) is currently active in the practice of accounting and auditing Yes ☐ No ☐

2. Whether applicant is to be considered for allotment of reviews of practice units falling under:
   All Stages of peer review ☐
   Stage III only ☐

3. Whether complete information in the prescribed format is given in respect of points:
   13. Audit Working experience: Yes ☐ No ☐
   14. Major Attestation Work handled: Yes ☐ No ☐

4. Whether all other applicable points of the form have been filled
   Yes ☐ No ☐
   If No, Points ……

5. Whether any Disciplinary action is pending
   Yes ☐ No ☐

6. RE No. allotted ……