



**THE INSTITUTE OF
Company Secretaries of India**
IN PURSUIT OF PROFESSIONAL EXCELLENCE
Statutory body under an Act of Parliament

ICSI House, 22, Institutional Area, Lodi Road, New Delhi 110 003

EMPANELMENT AS PEER REVIEWER

PROFORMA FOR INCLUSION OF NAME IN THE PANEL OF “REVIEWER'S”
BEING CONSTITUTED UNDER THE AEGIS OF “PEER REVIEW BOARD”

The Guidelines for Peer Review attestation services by practicing Company Secretary have been issued by the Council of the Institute. The Peer Review Board has decided to seek from amongst its members in practice, to empanel themselves for being appointed as “Reviewer”. The qualifications prescribed for appointment of Reviewer are as follows:

- a) Should be a member
- b) Should poses at least 10 years of experience
- c) Should be currently in whole time practice as a Company Secretary.

Members who are desirous of being empanelled to carry out Peer Review of their contemporaries in practice would require to register themselves as a Reviewer with the Institute.

With the object to identify those members who are desirous of being empanelled this enquiry is being floated to seek details of the Reviewers who would be registered with the Institute and assigned to carry out Review from time to time. Members fulfilling the eligibility criteria and desirous of being empanelled are requested to submit the attached proforma with all relevant details to enable the Board to consider their request.

The duly filled in proforma may be sent to - The Secretary, Peer Review Board, The Institute of Company Secretaries of India, ICSI HOUSE, 22, Institutional Area, Lodi Road, New Delhi 110 003 (email: prb-icsi@icsi.edu).

**PROFORMA FOR INCLUSION OF NAME IN THE PANEL OF "REVIEWER'S" BEING
CONSTITUTED UNDER THE AEGIS OF "PEER REVIEW BOARD"**

To,

The Secretary,
Peer Review Board
The Institute of Company Secretaries of India
ICSI HOUSE
22, Institutional Area,
Lodi Road,
NEW DELHI – 110 003



	First Name					Middle Name					Surname				
1. Name (In CAPITAL Letter)															
2. Date of Birth (DD/MM/YY)						3. Gender (M/F)					4. Institute's Membership No.				
5. C.P. Number						6. Date of obtaining Membership (DD/MM/YYYY)									

7. Contact details in CAPITAL letters:

<p>8. RESIDENTIAL ADDRESS:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>City</p> <p>State:.....</p> <p>PIN CODE : <table border="1" style="display: inline-table; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>Phone No.</p> <p>STD Code:</p> <p>Mobile No.</p> <p>E-mail ID:</p>							<p>(b) PROFESSIONAL ADDRESS:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>City</p> <p>State:.....</p> <p>PIN CODE : <table border="1" style="display: inline-table; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>Mobile No.</p> <p>FAX No.</p> <p>Website Address:</p> <p>Unique Code of Firm:</p>						

9. Details of academic, professional and Post Membership qualifications obtained by passing the examinations (Graduation onwards):

Examination Passed		University/ Institution	Main/Specialized Subjects, if any
Name of Exam	Year of Passing		

10. Details of Post Qualification Experience in Employment/Practice*

Professional Experience		No. of years experience	Name of the Employer/s	Work Assigned / Performed
From	To			

*Note : 1. For being appointed as Reviewer, a member should be currently in practice as a Company Secretary.
 2. In case the space provided is insufficient entire information can be provided in supplementary sheet as per the structure provided herein above.

<p>10. Firm's Details</p> <p>(a) Name of your Firm</p> <p>(b) Nature of Firm – Proprietorship/ Partnership/ LLP</p> <p>(c) Name(s) of Firms with which you are associated as a Partner or Associate.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>In the event of Partnership/LLP, please mention names of other partners:</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p>11. No. of Trainees currently undergoing training under you/your firm</p>	
<p>12. No. of Qualified members associated with your firm as Associates and / or Employees</p>	
<p>13. No. of Company Secretaries employed by your firm Give Name(s) and Membership No. of each</p>	<p>1.</p> <p>2.</p> <p>3.</p>
<p>14. Any past experience of carrying out Peer review work or work of similar nature.</p>	
<p>15. Any other information you wish to provide</p>	

which could be considered by the Board for appointment of your goodself as reviewer. i.e. Directorships, Award received etc.	
16. Number of Companies in which you are a Director and names of the Companies.	1. 2. 3. 4.

16. Attestation services provided in the previous financial year:

- (a) No. of Compliance Certificates issued ...
- (b) No. of Secretarial Audit Reports issued ...
- (c) No. of Compliance Certificates under Clause 55A of Depositories & Participant Regulations, 1996 issued ...
- (d) No. of Certificates issued under Clause 47 of Listing Agreement ...
- (e) No. of Diligence Reports issued for Banks ...
- (f) No. of Annual Returns Certified/Signed ...
- (g) No. of Compliance Certificates issued under Clause 49 of Listing Agreement

I hereby declare that:

- (a) I am a member of the ICSI
- (b) Possess at least Ten Years experience as Company Secretary.
- (c) I am currently in Practice
- (d) The particulars given above are true and correct to the best of my knowledge and belief.

Place

Date

.....

Signature of Member

FOR OFFICE USE ONLY		
Acknowledgment No.	Acknowledgment Date	Reviewer Registration No.