

PEER REVIEW COMMITTEE
INFORMATION THAT MAY BE CALLED FROM PRACTIC UNIT (PU) AS
CONTEMPLATED BY CLAUSE 8.2(1) OF PEER REVIEW GUIDELINES.

1. Name of the Practice Unit (PU)
2. Firm Unique Code (issued by the Institute).....
3. Status: (Please Tick) Individual / Sole Proprietorship / Partnership / LLP
4. Date of establishment of the Firm / LLP / PCS Registration (dd/mm/yyyy).....
5. Professional address of the firm/PCS:
.....City
..... State PIN
6. Details of Practice Unit
 - A. Telephone Number with STD code
 - B. Mobile Number(s)
 - C. Email ID
 - D. Website Address
 - E. Number of partners including self (Not Applicable for Individual)
 - F. Particulars of the services rendered by Practice Unit during previous 2 financial years (as per UDIN Register):

Sl. no.	Nature of Services	Financial years	
		2022-23	2023-24
1	Number of Annual Returns Certified/Signed		
2	No. of Certificates Issued under Regulation 40 (9) of SEBI (LODR) Regulations, 2015		
3	No. of Secretarial Audit Reports issued under Section 204 of the Companies Act, 2013 / Regulation 24A of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015		
4	No. of Annual Secretarial Compliance Reports issued		
5	No. of Internal Audits under Section 138 of the Companies Act, 2013		

6	No. of Audit Reports under Clause 76 of SEBI (Depositories & Participant Regulations) 2018 issued		
7	No. of Certificate issued under Regulation 56 of LODR Regulation 34(3) read with Schedule V, Para C, Clause (b) (i)		
8	No. of Compliance Certificates issued under Clause E, Schedule V of SEBI (LODR) Regulations, 2015		
9	Internal Audit of Registrar and Share Transfer Agent (RTA) under SEBI Circular No. SEBI/HO/MIRSD/CIR/P/2018/73		
10	Internal Audit of Credit Rating Agencies under SEBI Circular No. SEBI/MIRSD/CRA/Cir-01/2010		
11	Issuance of Internal Audit Certificate for operations of the Depository Participants		
12	Number of half yearly bank due diligence certificates issued		
13	Due Diligence and Certification under the Securities and Exchange Board of India (Delisting of Equity Shares) Regulations, 2021		

G. Name of the partner(s) / member empanelled as Peer Reviewer with the Peer Review Committee, ICSI (mention 'NA', if none of the partner(s) / member are empanelled as Peer Reviewer):

Sl. No.	Name of the partner(s) / member	Peer Reviewer code issued by the Committee

H. Names of the Practice Units peer reviewed by the partner(s) / member during the last three years

Sl. No.	Name and Address of the Peer Reviewed Practice Unit	Year for which Peer Reviewed	Name of the partner(s)/ member with PR Code

7. Period under Review (dd/mm/yyyy) _____ to (dd/mm/yyyy) _____

(Please note: The period under review shall be the previous financial year. This means that the services rendered by the Practice Unit during immediately previous financial year shall be subject to review)

8. Particulars of the constitution of the individual/firm / LLP as on last day of the financial year under review,

Name(s)	ACS/FC S No.	C.P. No.	Years of Practice/ Association with the firm/LLP (in years)	Experience (in years)

9. Particulars of Company Secretaries employed in the Practice Unit:

Name(s)	ACS/FC S No.	Association with the firm (in years) and responsible for what task	Experience (in years)

10. Furnish details of change in constitution (partners / company secretaries employed), if any, during the year(s) under review:

Name(s)	ACS/FC S No.	Date of joining the firm	Date of leaving the firm

11. Number of other staff employed

- Professionals (specify qualifications)
- Trainees
- (Executive passed)
- (Professional passed)
- Other than above

12. Does the PU have any branch offices? (Please tick)

Yes

No

If yes, please give the name(s) of member(s) in charge of each branch, membership number of in-charge and address of branches:

Sl. No.	Member In charge	ACS/FC S No.	Address

(Please note that each of the branch office(s) shall be treated as separate unit for the purpose of Peer Review)

I / We hereby declare that the information provided in this Questionnaire is true and correct to the best of my / our knowledge.

Name of the PCS /
Partner on behalf of PU :

Signature

Membership no. :
CP :

Date :