**QUESTIONNAIRE**

**ICSI BEST PCS FIRM AWARD, 2025**

The ICSI Best Practicing Company Secretaries (PCS) Firm Award is bestowed on the Practicing Company Secretaries Firms following best of the practices and having attained reputation with value created by them in promoting good Corporate Governance over a period of time. The Award is based on the decision of the Jury relying upon the information provided by the PCS Firm in response to the Questionnaires and evaluation & analysis made by the ICSI of the information so gathered. The authenticity and veracity of the information provided by the PCS Firm and as available at the website, if any and other documents of the PCS Firm are taken in good faith by the ICSI.

**It is assured that the data provided by the PCS Firm shall be used only for ascertaining and evaluating Best Practices of the PCS Firm for ICSI Best PCS Firm Award, 2025. The data furnished and the identity of the respondent will be kept confidential with the ICSI. The applicant may mark/blur the information not desired to be shared. The decision of ICSI, based on the recommendations of the Jury, will be final and binding on all participating PCS Firms.**

**Eligibility**: A Proprietor/Partnership Firm/LLP as registered and having a Unique Code Number issued by the Institute of Company Secretaries of India is eligible to participate. The PCS who is in practice as on the date of filing the application shall be eligible to participate.

**Cooling off:** PCS Firm receiving the award shall remain in cooling off for a period of five years.

*Instructions:*

1. Please fill in the Questionnaire on the basis of the facts of the PCS Firm.
2. All questions from Part II onwards carry weightage, please answer all questions. In case any question is not applicable to the PCS Firm, please tick *‘Not Applicable’* or write the same. In case of misleading response, negative weightage will be given.
3. Along with the Questionnaire, please furnish the relevant documents, if asked for. Lack of supporting documents will lead to deduction of marks.
4. The information provided in the Questionnaire should relate to financial year 2024-25 or period of one year ending in that year.
5. Use of AI-generated content in responses to the questionnaire is not permitted and shall lead to disqualification.
6. **The covering letter/e-mail to the duly filled in Questionnaire should contain a statement to the effect that the responses to the questions in the Questionnaire and the information given in supporting documents are true to the best of knowledge, information and belief. The Firm shall abide by the decision of the ICSI in all respect.**
7. Canvassing of any kind shall lead to disqualification.
8. In case of any query in filling the Questionnaire, please email your query to the ICSI at pcsfirmaward@icsi.edu.
9. The printed copy of the application along with all relevant documents shall be submitted/ posted to Joint Director, Directorate of Sustainability and Governance, ICSI HOUSE, 22 Institutional Area, Lodi Road, New Delhi – 110003 and carry a subject line **“Participation to the ICSI Best PCS Firm Award, 2025”**.
10. The soft copy of the application along with all relevant documents shall be submitted at pcsfirmaward@icsi.edu and carry a subject line **“Participation to the ICSI Best PCS Firm Award, 2025”.**

***The ICSI reserves the right to withdraw the Award if the Awardee is convicted of any offence which resulted in detriment to the interest of stakeholders and public at large.***

**PART I**

**GENERAL INFORMATION**

**(All fields are mandatory)**

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Particulars** | **Details**  |
|  | **Name of the PCS Firm** |  |
|  | **Firm Unique Code Number****(Issued by the Institute)** |  |
|  | **Status: (Please Tick)** | Sole Proprietorship  |  |
| Partnership  |  |
| LLP |  |
|  | **Date of establishment of the PCS Firm / LLP Registration (dd/mm/yyyy)** |  |
|  | **Professional Address of the PCS Firm:** | City ……………. State ……………… PIN ………... |
|  | **Name of the Partners (as on date of application) along with Mobile Number(s)** |  |
|  | **Telephone Number with STD code** |  |
|  | **Email ID** |  |
|  | **Website Address** |  |
|  | **Number of partners including self** |  |
|  | **Number of other staff employed** | Qualified Company Secretaries…………..Other Professionals (specify qualifications) …………………………Trainees ……………………..Other than above ……………. |
|  | **Structure of the PCS Firm** |  |
|  | **Has your Firm been Peer Reviewed?** **(If yes, mention number)** |  |
|  | **Has your Firm been Quality Reviewed?**  |  |

**Particulars of the Proprietor/ Partners of PCS firm / LLP as on last day of the financial year under review:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name(s)** | **Membership Number** | **Years of Practice/ Association with firm (in years)** | **Area of specialization****(IBC, RV, FEMA, etc.)** | **Total Experience****(in years)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Particulars of Company Secretaries employed in the PCS Firm:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name(s)** | **Membership Number** | **eCSin No.** | **Association with Firm****(in years)** | **Total Experience (in years)** |
|  |  |  |  |  |
|  |  |  |  |  |

**Furnish details of change in constitution (partners / company secretaries employed), if any, during the last 2 year(s) (2023-24 and 2024-25) under review:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name(s)** | **Membership Number** | **eCSin No.** | **Date of joining the firm** | **Date of leaving the firm** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PART II**

1. **AREA OF SERVICES & CAPACITY OF THE PCS FIRM AND ITS PROPRIETOR/PARTNERS:**
	1. **(a) Does the PCS Firm have more than one branch offices?**

Yes No

If yes, please give the details:

|  |  |
| --- | --- |
| Up to 2 |  |
| more than 2 |  |

Details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Member In-charge** | **Contact Details** | **Location** | **Address** | **Exemption sought in case of no Member In-charge**  | **Whether Branch is registered with ICSI?****(Yes/No)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*(Please provide the proof of intimation sent to ICSI about the Branch office)*

**(b) Whether the Branch office is headed by an Independent In-charge?**

 **Yes** No

If yes, the Independent In charge is:

|  |  |
| --- | --- |
| Valid COP Holder |  |
| An employee of the Firm, having active eCSin |  |
| None of the above |  |

* 1. **Provide the number of services rendered by PCS Firm during previous 2 financial years:**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Nature of Services** | **During Financial years** |
| **2023-24** | **2024-25** |
|  |  | **(In numbers)** |
|  | **Annual Returns Certified / Signed** |  |  |
|  | **Certificates Issued under Regulation 40 (9) of SEBI (LODR) Regulations, 2015** |  |  |
|  | **Secretarial Audit Reports issued under Section 204 of the Companies Act, 2013**  |  |  |
|  | **Annual Secretarial Compliance Reports issued under Regulation 24A of SEBI (LODR) Regulations, 2015** |  |  |
|  | **Secretarial Audit Reports issued for Material Subsidiary of listed Companies issued under Regulation 24A of SEBI (LODR) Regulations, 2015** |  |  |
|  | **Annual Secretarial Compliance Reports issued under Regulation 24A of SEBI (LODR) Regulations, 2015 for high value debt listed Entities** |  |  |
|  | **Compliance certificate on Structured Digital Database under SEBI (PIT) Regulations, 2015** |  |  |
|  | **Internal Audits under Section 138 of the Companies Act, 2013** |  |  |
|  | **Audit Reports under Clause 76 of SEBI (Depositories and Participant) Regulations, 2018 issued** |  |  |
|  | **Certificates issued under Regulation 34(3) read with Schedule V, Para C, Clause 10(i) of SEBI (LODR) Regulations, 2015**  |  |  |
|  | **Regulation 11(i), 11 (iii) & Regulation 21 (iii) of SEBI (Buy-Back of Securities) Regulations, 2018**  |  |  |
|  | **Compliance Certificate issued under Clause E, Schedule V of SEBI (LODR) Regulations, 2015** |  |  |
|  | **Internal Audit of Registrar and Share Transfer Agent (RTA) under SEBI Circular No. SEBI/HO/MIRSD/CIR/P/2018/73** |  |  |
|  | **Certification of Compliance to Registrars to an Issue and Share Transfer Agents (RTA) under SEBI Circular SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2021/65.**  |  |  |
|  | **Internal Audit of Credit Rating Agencies under SEBI Circular No. SEBI/MIRSD/CRA/Cir-01/2010** |  |  |
|  | **Issuance of Internal Audit Certificate for operations of the Depository Participants** |  |  |
|  | **Half yearly Bank Due Diligence Certificates issued** |  |  |
|  | **Due Diligence and Certification under the SEBI (Delisting of Equity Shares) Regulations, 2021** |  |  |
|  | **Certification under SEBI (Share Based Employee Benefits and Sweat Equity) Regulation, 2021**  |  |  |
|  | **Compliance Certificates Issued under Regulation 163(2) of SEBI (ICDR) Regulations, 2018** |  |  |
|  | **Certification of form CSR-1 under the Rule 4 of Companies (CSR Policy) Rules, 2014 under the Companies Act, 2013**  |  |  |
|  | **Certification under IFSCA (Registration of Insurance Business) Regulations, 2021** |  |  |
|  | **Certification of net worth of IFSC Insurance Intermediary Office (IIIO) on half yearly basis under the IFSCA (Insurance Intermediary) Regulations, 2021 [Regulation 13 (6)]**  |  |  |
|  | **Annual Audit conducted of the registered capital market intermediary with respect to compliance with IFSCA (Capital Market Intermediaries) Regulations, 2021**  |  |  |
|  | **Certification of average annual turnover and net worth of the Entity required to fulfil conditions to act as “Qualified Jeweler under IFSCA Circular 329/IFSCA/DPM/TS/QJ/2021-22/1** |  |  |
|  | **Certification of paid-up capital and net-worth requirements of the Insurance Web Aggregator under Regulation 8(5) of IFSCA (Insurance Web Aggregator) Regulations, 2022**  |  |  |
|  | **Certification under Rule 5(1)(g) of Consumer Protection (Direct Selling) Rules, 2021**  |  |  |
|  | **Secretarial Compliance Report issued to the Investment Manager in terms of Regulation 26J under SEBI (Infrastructure Investment Trusts) Regulations, 2014**  |  |  |
|  | **Secretarial Compliance Report issued to the Manager in terms of Regulation 26D of SEBI (Real Estate Investment Trusts) Regulations, 2014** |  |  |
|  | **Certificate of Compliance to the issuer certifying that the proposed preferential issue is being made in accordance with the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2018 [Regulation 163(2)]** |  |  |
|  | **Diligence reporting for Banks in case of multiple banking/consortium lending arrangements in terms of the circular issued by RBI.**  |  |  |
|  | **Issuance of Certificate in case of the Indian company accepting the investment from a foreign investor, thereby confirming compliance of Companies Act, 2013 and other matters (As per [Notification No. FEMA 20(R)/2017-RB dated 07 November, 2017]10).**  |  |  |
|  | **Issuance of Compliance Certificate to RTAs. (As per [Circular No. SEBI/HO/MIRSD/MIRSD-PoD1/P/CIR/2023/72])** |  |  |
|  | **Internal audit conducted of ERPS (as per master****circular for ESG rating providers) Clause 22** |  |  |
|  | **Issuance of Due diligence report of Debenture Trustees (as per clause 2.2.2 of Master Circular for Debenture Trustees (DTs)** |  |  |
|  | **Others** |  |  |

* 1. **Details of Major Areas of Practice:**

|  |  |
| --- | --- |
| Advisory Services |  |
| Audit Services |  |
| Attestation Services |  |
| Representation services |  |
| Other value-added services(including Impact Assessment, Assurance Services, Insolvency Professional, Registered Valuer, Arbitration, Intellectual Property Rights)  |  |
| Special Assignment (IPO, DRHP, Due diligence, opinions etc.) |  |
| New area of practice ventured |  |

* 1. Are there any induction procedures established for new partners/ employees/ trainees?

|  |  |  |
| --- | --- | --- |
|  | **YES**  | **NO**  |
| 1. Orientation about the profession
 |  |  |
| 1. Familiarization of office procedures including:
 |  |  |
| * Distribution of reference material
 |  |  |
| * Briefing about ICSI Guidelines relating to PCS
 |  |  |
| * Significance of Continuing Professional Education
 |  |  |
| * Organizational Structure and allocation of work profile
 |  |  |
| * Policy on dealing with the UPSI
 |  |  |

(Provide Office Manual/Policy, if any)

* 1. **Provide the details of best practices and innovative methodologies adopted by the firm and impact of such practices.**

(150-300 words)

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* 1. **Provide the detail of systems in place in the firm to ensure effectiveness of adherence to timelines vis-a–vis commitment.**

(150-300 words)

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* 1. **(a) Whether the firm has issued Secretarial Audit Report to any of the top 1000 listed entities?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**(** *If yes, provide the name of the entities)*

**(b) How many Secretarial Audit Reports of (listed entities /unlisted companies) have been issued by the Firm during the financial year? Please provide the following details:**

|  |  |
| --- | --- |
| More than 2 |  |
| 1-2 |  |
| None |  |

|  |  |
| --- | --- |
| Name of the Partner | Number of Secretarial Audits for FY (2024-25) |
|  |  |
|  |  |

* 1. **Details of positions of eminence held by sole proprietor/partners (including Designated Partner of LLP) / members of the firm:**
1. Non-Executive Director/Chairperson of listed/public limited companies

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Name of the partner(s) / member  | Name of Companies  | Designation  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*(Attach extra sheet, if required)*

1. Whether the PCS is an Independent Director in any Company?

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Name of the partner(s) / member | Name of Companies  | Corporate Identification Number |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| More than 50% partners are engaged |  |
| 50% or lesser partners are engaged |  |

* 1. **Provide the details of any book published or articles/papers published in the leading journals/magazines/newspapers by any partner/proprietor. Attach the copy or provide the link of the articles.**

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Has any partner of the firm delivered session(s) of professional interest at national or international platform? Kindly provide the details of the same.**

(150-300 words)

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1. **INFRASTRUCTURAL CAPACITY OF THE PCS FIRM**
	1. **Whether the firm has its own website?**

|  |  |
| --- | --- |
|  Yes |  |
|  No |  |

*(Provide link of the same)*

* 1. **Whether the firm is having its own email domain?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

(Provide Email Id)

* 1. **What best practices are adopted by the firm for the data storage, data privacy, data security and data retrieval? Provide brief details of the same.**

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Does the Firm maintain a repository / library / e-library containing case studies, journals, magazines, books, for reference?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

* 1. **Does the Firm maintain records in a manner that they are easily retrievable, as and when required?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

* 1. **Briefly explain the employee-oriented facilities provided by the Firm such as health-care facility/arrangement with hospital/ doctor visits/ health insurance coverage/ child care facility/ refreshments, etc.**

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Does the firm have any policy or process for rewarding the employees/trainees for their innovative skills or functional excellence?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

*(If yes, please provide a copy of the policy)*

* 1. **Does the firm identify training and developmental needs of partners/ employees/trainees? How are the identified needs addressed by the firm? Elaborate the details of courses/programs/ workshops held/attended during the year.**

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Whether there is any internal mandate for the partners/employees of firm to attend the following program for complying with the ICSI (Continuous Professional Education) Guidelines:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| ICSI National Convention |  |  |
| ICSI National PCS Conference  |  |  |
| Other Events |  |  |

*(Please provide the details of delegates)*

* 1. **Whether there is any internal mandate for the employees/trainees/ students of the firm to attend and participate in:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| ICSI Yuvotsav |  |  |
| ICSI Chapter/Regional Programs |  |  |
| ICSI Study Circle Meetings |  |  |
| Various Competitions organized by ICSI |  |  |

*(Please provide the details of delegates)*

* 1. **How many seminars/conferences/programs have been attended by partner/employees of the Firm as a faculty, speaker or panelist?**

|  |  |
| --- | --- |
| More than 10 per year |  |
| less than 10 per year |  |

*(Provide details of organizations / Institution)*

* 1. **How many members employed / partners with the Firm are registered with CSBF? Please provide details.**

|  |  |  |
| --- | --- | --- |
| **Name**  | **Membership Number** | **Registered with CSBF (Yes/No)** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **More than 50%** | **Less than 50%** |
| Members |  |  |
| Partners |  |  |
| Not applicable  |  |  |

* 1. **How many students of ICSI were engaged as trainees during the financial year?**

|  |  |
| --- | --- |
| 5 or more |  |
| Less than 5 |  |

* 1. **How many Company Secretaries are employed in the firm apart from partners? Please provide details with membership number and eCSin Number.**

|  |  |
| --- | --- |
| 5 or more |  |
| Less than 5 |  |

|  |  |  |
| --- | --- | --- |
| **Name**  | **Designation** | **Membership Number** |
|  |  |  |

1. **PROFESSIONAL CONDUCT**
	1. **Is there any mechanism adopted by the firm for prevention of sexual harassment at work place, wherever applicable?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

*(If yes, please provide a copy of the policy)*

* 1. **Does the Firm have any grievance redressal mechanism in place for employees and trainees? Have there been any complaints submitted and validated against the PCS with the ICSI?"**

 (If yes, give details)

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Are there any criteria of formal annual evaluation of overall performance of the Firm, partners and employees? Please provide the criteria of evaluation.**

(150-300 words)

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* 1. **Has the firm adopted an Anti-Bribery Policy?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

*(If yes, provide a copy of the same)*

* 1. **What is the process of team briefing before starting any assignment? Please provide the details of the process.**

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Please provide details of procedures adopted by the Firm to ensure that maker-checker concept is followed while performing the assignments?**

(150-300 words)

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* 1. **How your association with the client company has helped in improving the corporate governance practices in that company?**

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Has the firm received any awards/ testimonials from the client companies during the year 2024-25? Provide details.**

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Whether the Firm has any substantial conflict of interest as per Auditing Standard CSAS (other than professional fee) in respect the client(s) for whom attestation and audit services have been rendered?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

* 1. **Is there a system for scheduling and staffing for carrying out an assignment?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

* 1. **(a) Whether the works are assigned on the basis of the skill and competence of employees / associates?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**(b) Whether the progress of attestation and audit services is monitored by the service in charge and reviewed regularly?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

* 1. **Does the Firm ensure receipt of engagement letters before commencing the assignment?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

*(If yes, please provide the copy of engagement letters)*

* 1. **Did the Firm before accepting the assignment on Audit communicate in writing to the previous incumbent?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| NA |  |

* 1. **Does the Firm obtain sufficient and appropriate audit evidence/documents in terms of ICSI Auditing Standards, wherever required?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

* 1. **In case of a qualified report, does the Firm provide reasons or disclaimers for such qualifications?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

* 1. **As a Secretarial Auditor, does the Firm have process to detect and report incidence of fraud in the company? Please provide the copy of process.**

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Does the firm facilitate to send reminder for periodical compliances to the company? (If yes, provide the proof of reminders)**

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Whether the Firm carries out analysis of the findings of audits in previous years? Provide details about its periodicity and process.**

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Whether any partner of the Firm has received any show cause notice or is under investigation from any of the Regulators/ICSI during the last 3 years? If yes, provide details and indicate current status.**

(150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Whether any notice has been issued by the ICSI for contravention of the ICSI Guidelines by the members/Firm with respect to:**

|  |  |  |
| --- | --- | --- |
|  | **YES**  | **NO**  |
| 1. CS employed and apprentices engaged
 |  |  |
| 1. Reporting to ICSI about the change in constitution and address
 |  |  |
| 1. Compliance of Limits prescribed for Signing and Certification of Documents
 |  |  |
| 1. Advertisement Guidelines
 |  |  |
| 1. Logo Guidelines (Graphics Manual)
 |  |  |
| 1. Guidelines for Peer Review of Attestation and Audit Services
 |  |  |
| 1. ICSI Auditing Standards
 |  |  |
| 1. ICSI (Continuous Professional Education) Guidelines
 |  |  |

* 1. **Whether the firm follow ICSI UDIN Guidelines with respect to the following:**

|  |  |  |
| --- | --- | --- |
|  | **YES**  | **NO**  |
| 1. Registration of Proprietor/all partners on UDIN portal
 |  |  |
| 1. Generation of UDIN for issuance of any report or certificate, where generation of UDIN is voluntary
 |  |  |

* 1. **What steps have been taken by the Firm towards green initiatives/environment protection or any other social cause? Provide details.**

 (150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Whether the Firm have a policy for providing pro-bono services or free legal aid to needy? Provide a copy of the policy.**

 (150-300 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **How your firm provide support to the young professionals of ICSI? Please provide details of initiatives undertaken to support the young professionals.**

(150-300 words)

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* 1. **Please provide the achievements, contributions, and qualities of the firm which demonstrate the suitability of the firm for the Award?**

(150-300 words)

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* 1. **Does the firm use digital tools or AI platforms for conducting audit or rendering professional services to the clients?**

(150-300 words)

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

|  |  |
| --- | --- |
| Name of the Partner on behalf of PCS Firm:Membership no.:COP: | Signature Date |

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