





14. Major Attestation Work handled<sup>2</sup>:

Name of Client	Level of Responsibility <sup>3</sup>	Turnover <sup>4</sup>	Audit Fees <sup>5</sup>	Type of Audits (Tick appropriate Box)		
				Statutory	Tax	Internal /other
	(mention appropriate code)					
<i>Banks</i>						
1.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Financial Institutions</i>						
1.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Insurance Companies</i>						
1.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Companies</i>						
• <i>Public</i>						
1.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Private</i>						
1.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <i>Government</i>						
1.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Co-operative Societies</i>						
1.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>NBFCs</i>						
1.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Professional Achievements:

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<sup>2</sup> Use additional sheet, if required

<sup>3</sup> Please specify the level of responsibility as: Audit assistant-AS and Supervisory-SP.

<sup>4</sup> 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.

<sup>5</sup> 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:

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

Yes  No

If Yes, please give details

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*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)

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**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 .....