**Declaration of Confidentiality**

*[In accordance with the Peer Review System of the Institute, this declaration of confidentiality is to be filled in by the persons involved with the conduct of Peer Review namely Reviewer, Members of the PRB, Secretariat and others who assist them, individually. The Reviewer shall be responsible for taking this undertaking from all those persons who assist him or are likely to assist him in conducting Peer Review, and shall send the same to the Board. This statement of Confidentiality shall be renewed every year.]*

To

The Chairman,

Peer Review Board,

The Institute of Cost Accountants of India

“CMA Bhawan”, 3 Institutional Area

Lodhi Road, New Delhi- 110003

Dear Sir,

I hereby declare that I shall at all times abide by the confidentiality policy during the conduct of peer review. Under the confidentiality policy, I further declare that, I:

* Shall at all times preserve and aid in preserving secrecy with regards to any matter arising in the process followed for Review or performance or in assisting in the performance of any function, directly or indirectly related to the process, conduct, report and point of dispute (if any) of peer reviews;
* Shall not make use of or disclose the contents of Review working papers, report or any confidential information about the process of peer review unless as required by the Board, Disciplinary Committee of the Institute or the Council;
* Shall by all means ensure that the privacy of the functionality or/ and transactions or/and clients of the Practicing Unit remain intact;
* Shall by all means restrict any kind of unauthorized access to any record(s) and/or document(s) that I am a custodian of, by virtue of being the Reviewer of a Practicing Unit.

I understand that any breach or non-compliance with the confidentiality policy of the Peer Review Board of the Institute shall amount to professional misconduct as defined under the Cost Accountants Act, 1959 and shall make me liable for appropriate disciplinary action.

**(Signature of Reviewer)**

**Reviewer Name:**

**Membership No.:**

**Date: Place:**

**Contact No: Email ID:**

|  |
| --- |
| For Office Use Only |
| Acknowledgement no. | **Acknowledgement Date** |
|  |  |