

.Employees Provident Fund Scheme Form 9

***Application for review filed under sub-section (1) of Section 7-B of
the Employees' Provident Funds and Miscellaneous Provisions Act, 1952***

Paragraph 79-A

For use in Commissioner's Office

Date of filling or

Date of receipt by post

Registration No.

Signature for Commissioner

1. Name of the Applicant_____
2. Designation of the applicant or his relationship with the factory/establishment_____
- (Whether Owner/Partner/Director/Manager, etc. to be indicated)
3. Name and complete address of the factory/establishment._____
4. Address of the employer for service of notice / summons_____
5. Particulars of the order against which the review application is filed :
 - i. Order no. _____
 - ii. Date of order_____
 - iii. Passed by _____
 - iv. Subject in brief_____
6. Main ground(s) on which the application for review has been made and the relief(s) sought. (if necessary, attach a duly signed statement with copies of the documents relied upon marked as A-1, A-2, A-3 and son on.)

Verification

I _____

(name of the applicant), S/o, D/o, W/o _____

_____ age _____ working as _____

Resident of _____

do hereby verify that the contents of particulars given at Sl. Nos. 1 to 6 above are true to the best of my knowledge and belief and I have not suppressed any material fact, I further declare that :

- (i) I am filing the application within 45 days from the date of the original order.
- (ii) I have not preferred any appeal against the original order under the Employees' Provident Funds and Miscellaneous Provisions Act, 1952.
- (iii) I am filling with this application, the original document authorising me to represent the aggrieved person (applicable only in cases where the application is filed by agent, advocate or other representative).

Place and date:

Signature