## Employees Provident Fund Scheme Form 9

Application for review field under sub-section (1) of Section 7-B of the Employees' Provident Funds and Miscellaneous Provisions Act, 1052

## Paragraph 79-A

Fo	r use in Commissioner's Office		
Date of filling or			
Date of receipt by post			
Re	gistration No.		
	Signature for Commissioner		
1.	Name of the Applicant		
2.	Designation of the applicant or his relationship with the factory/establishment		
	//Minesthese Occurrent/Deutsteau/Deutsteau/Menesteau eta de la indicated)		
	(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

(name of the applicant), S/o, D/o, W/o			
	age	working as	
Reside	ent of		
do hereby verify that the contents of particulars given at SI. Nos. 1 to 6 above are true to the bes 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 aga Provident Funds and Miscellaneous Pro	ainst the original order under the Employees' visions Act, 1952.	
(iii)		ginal document authorising me to represent the cases where the application is filed by agent,	

Signature

Place and date: