

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