

FORM 'I'

(See Sub - Rule (1) of Rule 7)

APPLICATION OF GRATUITY BY AN EMPLOYEE

To,

The General

[Give here Name or Designation of the Establishment with Full Address]

Sir / Gentleman,

I beg to apply of payment of gratuity to which I am entitled under sub-section [I] of section 4 of the payment of Gratuity Act. 1972 on account of my superannuation / retirement / resignation after completion of not less than five years of continuous services / total disablement due to accident / total disablement due to disease with effect from the Necessary particulars relating to my appointment in establishment are given in the statement below :-

STATEMENT

1. Name in Full
2. Address in Full
3. Department / Branch / Section where last employed
4. Post hold with Ticket No. of Sl. No., if any
5. Date of Appointment
6. Date of case of termination of service
7. Total period of service
8. Amount of wages last drawn
9. Amount of gratuity claimed

2. I was rendered totally disabled as a result of (here give the details of the nature of disease or accident)

The evidence / witness in support of my total disablement are as follows :-

(HERE GIVEN DETAILS)

3. Payment may please be made in cash / open or crossed bank cheque
4. As the amount of gratuity payable is less than Rupees
I shall request you to arrange for payment of the sum due to me by postal money order at the address mentioned after deduction postal Money order commission there from.

Yours faithfully,

Place :

Signature / Thumb Impression of
Application Employee

Date :

- NOTE :-
1. Strike out the words not applicable.
 2. Strike out paragraph or paragraphs not applicable.