

Payment of Gratuity (Central) Rules
FORM 'I'

See sub-rule (1) of Rule 7

Application for Gratuity by an Employee

To
Payroll Shared Services – Benefits Team
Cognizant Technology Solutions India Pvt. Ltd,
DLF Info City, 1/124, Sivaji Gardens
Block 9, B Wing, 11th Floor Mount
P.H. Road Manapakkam
Chennai – 600 089

Dear Team,

I hereby apply for payment of gratuity to which I am entitled under sub-section (1) of Section 4 of the Payment of Gratuity Act, 1972 on account of my ~~superannuation/retirement/resignation after completion of not less than four years 240 days of continuous service/total disablement due to accident/total disablement due to disease with effect from the~~ Not applicable. Necessary particulars relating to my appointment are given in the statement below.

Statement

1. Name in full : Kumar Naidu Pendyala
2. Address in full : H No 3-50, Kuchi Vari Palli, Yallanur Mandal, Anantapur D.T 515465 Andhra Pradesh
3. Department/Branch/Section where last employed : Quality Engineering & Assurance
4. Post held with Associate ID : Associate - Projects, 232037
5. Date of appointment : 29-Mar-10
6. Date and cause of termination of service : 07-Apr-18, Resigned
7. Total period of service : 8
8. Amount of wages last drawn in India : 15900
9. Amount of gratuity claimed : 73385
(Basic pay * No of years of service*15/26)

2. I was rendered totally disabled as a result of —
(Here give the details of the nature of disease or accident) – Not applicable

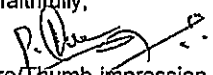
The evidences/witnesses in support of my total disablement are as follows:--
(Here give details) – Not applicable

3. Payment may please be made in cash/open or crossed bank cheque my bank account through "National Electronic Fund Transfer". Details of the bank account are given below:
Bank Account Number : 05451610350232
Bank IFSC Code : HDFC0000545
Bank Name : HDFC BANK

4. As the amount of gratuity payable is less than rupees one thousand, I shall request you to arrange for payment of the sum due to me by Postal Money Order at the address mentioned above after deducting postal money order commission therefrom -- Not applicable

Yours faithfully,

DETROIT, MI
Place: 03/28/2018
Date:


Signature/Thumb-impression of the
applicant employee.

Notes.—(1) Strike out the words not applicable.

(2) Strike out paragraph or paragraphs not applicable.