

Declaration on details of Gratuity received from previous employer(s)

Name of the Employee: ROHAN MAKIN

Employee ID: 8147747

Dept Name: FINANCE, RISK, AUDIT & LEGAL SOLUTIONS

PAN Number: CSKPM7000E

Permanent Address: B-1314, FOURTH FLOOR, GREEN FIELD COLONY, FARIDABAD,
HARYANA - 121003

I hereby confirm that I have received Gratuity from my previous employer (s) before joining the Company whose details ' are given below. The same shall be used by the Company for arriving at income tax to be deducted on Gratuity dues to be paid by the company.

Sr. No.	Name & Address of the previous employer(s)	Period	Total Gratuity (Rs.)	Exempted (Rs.)	Taxable (Rs.)
1					
2					
3					
4					
5					


☒ I hereby confirm that I have not received any gratuity settlements from my previous employer(s).

I solemnly declare that what I have stated above is true and correct to the best of my knowledge and belief.

Note – If you fail to submit the declaration on your last working day then it will be treated as deemed acceptance confirming that there is no gratuity exemption received from previous employer(s) and it will be your responsibility to file tax appropriately and no liability with RBS.

Place: GURGAON

Date: 28/06/2023


(Signature of the Employee)

FORM 'I'
[See sub-rule (1) of rule 7]

Application for Gratuity by an employee

To,

Sir,

I beg to 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 six months of continuous service/ total disablement due to accident/ total disablement due to disease with effect from the _____. Necessary particulars relating to my appointment in the 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 held with Ticket No. or Serial No., if any.
5. Date of appointment.
6. Date cause of termination of service.
7. Total period of service.
8. Amount of wages last claimed.
9. Amount of gratuity claimed.

a) I was rendered totally disabled as a result of: (give detail of the nature of disease or accident]

The evidence / witness in support of my total disbursement are as follows: (give details)

b) Payment may please be made in ~~cash/open~~ or crossed bank Cheque.

c) As the amount of gratuity payable is less than Rupees one thousand, I shall request you to arrange for payment of the sum to me by Postal Money Order at the address mentioned above after deducting postal money order commission therefrom.

Yours faithfully,

Place _____
Date _____

Signature/Thumb-impression of
Applicant Employee.

Note:

1. Strike out words not applicable.
2. Strike out paragraph or paragraph not applicable.