

## FORM 'I'

[See sub-rule (1) of rule 7]

### Application of gratuity by an employee

To Deloitte Touche Tohmatsu India LLP  
.....  
One International Center, Tower 3, 27th-32nd floor, Senapati Bapat Marg, Elphinstone Road (West), Mumbai  
400013. MAHARASHTRA, India  
[Give here name or description of the establishment with full address]

Sir/Gentlemen,

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 five years of continuous service/ total disablement due to accident/ total disablement due to disease with effect from the ..... Necessary relating to my appointment in the establishment are given in the statement below:

### Statement

1. Name in full. Srinivasalu S
2. Address in full Plot No 41A, Survey No. 32/2AM, Krishna Colony, 2nd Street Nemilichery, Thiruninravur  
Chennai Tamil Nadu India 602024
3. Department/Branch/Section where last employed. Engineering, AI & Data
4. Post held with Ticket No. or Serial No., if any. Senior Consultant 39644
5. Date of appointment. I 24/02/2020
6. Date cause of termination of service. Resignation
7. Total period of service.
8. Amount of wages last claimed.
9. Amount of gratuity claimed.

I was rendered totally disabled as a result of

[Here give Detail]

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

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 there from.

Place [Chennai](#)

Date

*D S Srinivasalu*

Yours faithfully,  
Signature/Thumb impression of  
the applicant employee.

Note:

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